WM QRS West Midlands Quality Review Service

NHS

Towards Children and Young People's Emotional Health and Well-being

Sandwell Health and Social Care Economy

Visit Date: 8th July 2014 Report Date: September 2014

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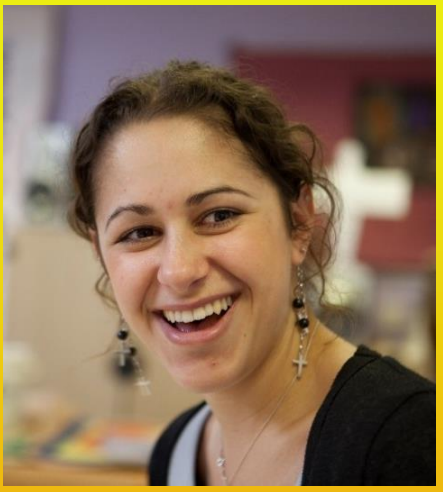

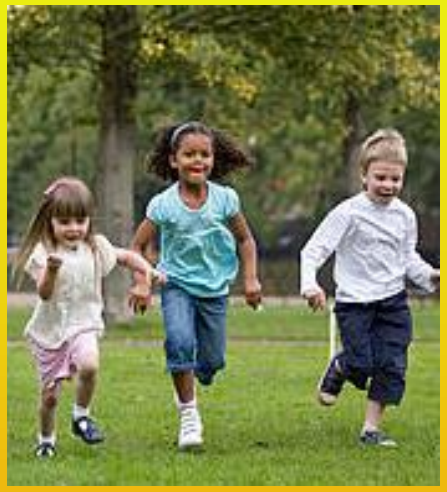

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INTRODUCTION

This report presents the findings of the review of services supporting children and young people's emotional health and well-being that took place on 8th July 2014. The purpose of the visit was to review compliance with the following West Midlands Quality Review Service (WMQRS) Quality Standards:

- Towards Children and Young People's Emotional Health and Well-Being: Quality Standards for Local Services, Draft 9 April 2014

The aim of the Standards and the review programme is to help providers and commissioners of services to improve clinical outcomes and service users' and carers' experiences by improving the quality of services. The report also gives external assurance of the care which can be used as part of organisations' Quality Accounts. For commissioners, the report gives assurance of the quality of services commissioned and identifies areas where developments may be needed.

The report reflects the situation at the time of the visit. The text of this report identifies the main issues raised during the course of the visit. Appendix 1 lists the visiting team who reviewed the services in Sandwell Health and Social Care Economy. Appendix 2 gives the details of compliance with each of the Standards and the percentage of Standards met.

This report describes services provided or commissioned by the following organisations:

- Black Country Partnership NHS Foundation Trust (BCPFT)
- Sandwell Shield (Murray Hall Community Trust)
- Sandwell Metropolitan Borough Council
- NHS Sandwell and West Birmingham Clinical Commissioning Group

Most of the issues identified by quality reviews can be resolved by providers' and commissioners' own governance arrangements. Many can be tackled by the use of appropriate service improvement approaches, although some require commissioner input. Individual organisations are responsible for taking action and monitoring this through their usual governance mechanisms. The lead commissioner for the service concerned is responsible for ensuring action plans are in place and for monitoring their implementation, liaising, as appropriate, with other commissioners, including commissioners of primary care.

ABOUT WEST MIDLANDS QUALITY REVIEW SERVICE

WMQRS was set up as a collaborative venture by NHS organisations in the West Midlands to help improve the quality of health services by developing evidence-based Quality Standards, carrying out developmental and supportive quality reviews, often through peer review visits, producing comparative information on the quality of services and providing development and learning for all involved.

Expected outcomes are better quality, safety and clinical outcomes, better patient and carer experiences, organisations with better information about the quality of clinical services, and organisations with more confidence and competence in reviewing the quality of clinical services. More detail about the work of WMQRS is available at www.wmqrs.nhs.uk.

ACKNOWLEDGMENTS

West Midlands Quality Review Service would like to thank the staff and service users and carers of Sandwell Health and Social Care Economy for their hard work in preparing for the review and for their kindness and helpfulness during the course of the visit. Thanks are also due to the visiting team and their employing organisations for the time and expertise they contributed to this review.

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TOWARDS CHILDREN AND YOUNG PEOPLE'S EMOTIONAL HEALTH AND WELL-BEING

UNIVERSAL SERVICES

During the course of the review visit the visiting team met service users, carers, staff, managers and commissioners of both local services for children and young people with emotional health, well-being and mental health problems. A range of other relevant local stakeholders also met the visiting team. Twenty-one questionnaires describing their experiences of services were returned by users of the BCPFT service. Sessions on the visit timetable were identified for local GPs and representatives from Sandwell and West Birmingham NHS Trust, school nurses and the Sandwell Youth Offending Team, but no-one was able to attend. These perspectives may, therefore, be under-represented in this report.

This review was undertaken using the draft Quality Standards for Towards Children and Young People's Emotional Health and Well-Being, which had been available only since April 2014. Sandwell's services had therefore had little time to use the Standards in preparation for the visit (although the Standards are based on already-available national guidance).

General Comments and Achievements

Primary mental health workers were employed by BCPFT to work with universal services, providing training, advice and support. These staff were enthusiastic about this role and keen to develop this aspect of their work.

A series of training courses for universal services commissioned by the Public Health department had been available since April 2014. This training covered mental health and well-being awareness, self-harm awareness, building resilience, self-efficacy and confidence in children and young people, promoting positive mental health in children and young people and suicide prevention.

Concerns

1 **Capacity of primary mental health workers**

The capacity of the primary mental health workers (1.2 wte) was not sufficient for the role they were expected to fulfil. Two members of staff were available (1.2 wte), but also undertook screening of referrals to the specialist (BCPFT) service. Arrangements for cover for absences were not clear.

2 See also the 'Overview' section of this report.

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TARGETED SERVICE

SANDWELL SHIELD (MURRAY HALL COMMUNITY TRUST)

Sandwell Shield was moving offices on the day of the review and so the visiting team was not able to comment on the facilities provided at the team's base. Sandwell Shield also delivered therapeutic interventions on an outreach basis using facilities such as GP surgeries, schools and Children's Centres.

General Comments and Achievements

Sandwell Shield provided a good range of therapeutic options for children and young people with a range of needs. The stepped care service model was clearly articulated and organised. A therapeutic game and website tools were available for children and young people with lower-level needs. For those with moderate needs the service provided group-based work including 'Krunch' workshops, creative therapy, protective behaviour work and Aikido. One-to-one therapy, including 'B-well', complementary therapies and counselling, was offered to those with more complex needs. Children and young people were offered six to eight weeks of interventions. Further

intervention beyond the six to eight week model was offered if the therapist or counsellor considered this was needed. Children and young people could re-refer at a later date if they felt that further support was required.

The service had been running for 13 months and reviewers were impressed with the website. Staff were enthusiastic and committed and the service was bringing additional charitable and lottery funding into the area.

In general, reviewers considered that the service had significant potential if the difficulties present at the time of the review could be overcome.

Immediate Risks: No immediate risks were identified.

Concerns

Reviewers were concerned about the services provided by Sandwell Shield for a combination of inter-related reasons:

1 **Activity Levels**

The service was commissioned to see 2,000 referrals per year but in 2013/14 only 948 children and young people were referred and Sandwell Shield worked with 623 of these referrals. A combination of reasons contributed to this under-performance, several of which required health and social care economy-wide action to resolve. (See the 'Overview' section of this report).

2 **Referral Process**

Sandwell Shield was set up/commissioned to receive referrals via e-CAF. Reviewers were told that GPs were generally reluctant to use e-CAF and some young people and families did not want their details to be put on this system. As a result, Sandwell Shield staff had to spend significant time gathering information on non-e-CAF referrals and then create the e-CAF. Staff were also required to complete a full e-CAF as part of any assessment so that information was captured for monitoring purposes. The e-CAF was the intended mechanism for communication back to the referrer and Sandwell Shield staff regularly updated the e-CAF to ensure that all the professionals working with the child or young person were aware of the work done, including being able to see a copy of the outcome- focused plan. Arrangements for feedback to referrers of non-e-CAF referrals were not clear to reviewers.

Partly because of these difficulties, Sandwell Shield was not achieving the expected timescales of seeing all referrals within five working days. In practice, for most referrals, e-CAF appeared to be a barrier to the effective functioning of the service rather than a helpful process.

Also, streamlined arrangements for handover of referrals from the BCPFT service and effective promotion of the service to potential referrers were not apparent, which will impact on the number of referrals received.

The service did not triage referrals and this meant that all referrals received a face-to-face assessment. Each referral therefore required an average of three hours of staff time, partly because of the need to enter data onto three databases that did not communicate with each other. These problems contributed to the inefficiencies of the referral process.

3 **Balance of Therapeutic Interventions offered**

The level of 1:1 therapeutic interventions provided by the service appeared relatively high (56 in Quarter 4). The webpage, Glitch game and group work pathways were available but appeared relatively under-used (141 Q4).

The reasons for this balance of interventions were not clear to reviewers. Sandwell Shield staff considered that the complexity of referrals was greater than what was envisaged when the service was specified.

The impact of the balance of interventions was, however, clear. These interventions were more costly to provide, and the service judged that it would have run out of funding for 1:1 therapeutic interventions by the end of September 2014 had some lottery funding not been secured. This issue was related to the

number of referrals (see above): some additional funding would be available if the commissioned target activity levels were achieved.

4 **Data Collection**

Three different data collection systems were in use: e-CAF, the Murray Hall system and 'CORE Net'. The data collected by these systems were inconsistent and so reviewers could not get a coherent picture of referral numbers, waiting times and interventions delivered.

5 See also the 'Overview' section of this report.

Further Consideration

1 The service had few of the expected guidelines, including guidelines on mental health risk assessments. As the detailed Quality Standards had been available for a relatively short time before the review visit, this was not categorised as a 'concern'. It will, however, be of concern if this is not addressed in the relatively near future.

2 Sandwell Shield provided a very flexible, user-focused menu of interventions. Given the pressure on resources, the service may need to review and prioritise its 'offer' to children and young people, including the extent of its 'follow-up offer'.

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SPECIALIST SERVICE

BLACK COUNTRY PARTNERSHIP NHS FOUNDATION TRUST

General Comments and Achievements

The specialist child and adolescent mental health service was provided by stable teams of highly experienced and skilled clinicians who offered a good range of therapeutic interventions. On-call child and adolescent psychiatrists were available. Reviewers were impressed that the service had adopted and embedded CAPA. The specialist learning disabilities and Looked After Children teams came over as particularly positive and enthusiastic. Trust management were supportive of the service and acknowledged some of the difficulties that it faced. Staff were positive about supervision. Links with Sandwell and West Birmingham Hospitals NHS Trust appeared to work well.

Feedback from children, young people and families was positive, especially about their care once they were seen by the BCPFT service.

Good Practice

1 The specialist learning disability team had good multi-agency working arrangements and well-organised pathways for needs-based interventions. Reviewers were impressed with how the team worked across agency boundaries and focused on patient needs by, for example, working with paediatric services, social workers and CAMHS teams and running groups in schools based on a clustering of needs.

2 Clinics were provided in emotional behavioural difficulties (EBD) in schools.

Immediate Risks: No immediate risks were identified.

Concerns

1 **Crisis Responses and Intensive Home Support**

Crisis response by the service appeared to be limited to responding the same day to self-harm referrals received from paediatric services at Sandwell and West Birmingham Hospitals NHS Trust by 11am, and the next working day to self-harm referrals received after 11am. The pathways and the contribution of the on-call psychiatrist in the management of crisis referrals of all types were not clear. Intensive home treatment (Tier 3.5) was not commissioned for Sandwell, and the extent of the service's involvement in the care of more severely mentally ill children and young people, including those being discharged from in-patient

mental health services, was also not clear. Reviewers suggested that commissioners and providers needed to work together to agree the extent of acute mental health needs that would be expected to be cared for by a service for children and young people with 'severe and enduring mental health problems'.

Further Consideration

The detailed Quality Standards had been available for a relatively short time before the review visit. Several of the issues identified in this 'further consideration' section would be of concern if they had not been addressed when the service was reviewed again.

1 Significant clinical time in the Looked After Children Team was being used to ensure the Trust would be paid for the work undertaken. This appeared an inappropriate use of clinical time.

2 The service's operational policy was that risk assessments should be completed for all service users. Risk assessments were in some of the clinical notes seen by reviewers, but not all, and their inclusion did not appear to be related to the risks involved.

3 Care plans were not clearly defined in several of the case notes seen by reviewers. All notes had a form headed 'review of care plan', but it was not easy to see the care plan to which the review related. Formal reviews of care plans did not appear to be embedded in the work of the service.

4 The skill mix within the team was heavily focused on psychologists, with relatively few nursing staff. Reviewers considered that a more focused service (see Concern 1) would need more nursing staff.

5 The service did not have a nominated 'Lead Clinician', and up to six people had some clinical leadership responsibility for the service. Reviewers suggested that identifying a 'Lead Clinician' who could draw together and lead improvements in the various clinical perspectives would be helpful. (NB. The 'Lead Clinician' role in many services is additional to professional accountability arrangements. The importance of the Lead Clinician is in drawing together the various professional and individual team interests and driving improvements to the clinical care provided by the service.) Reviewers also commented that medical staff appeared to be managed separately from the other staff of the service. For example, medical staff did not appear in the 'management structure' diagram. Reviewers suggested that greater integration of medical staff within the service, including within the Lead Clinician's remit, would be helpful. This aspect will be particularly important as the service addresses its response to crises and intensive home support.

6 Reviewers commented that the therapy rooms at Lodge Road were rather drab and clinical, with quite old-fashioned furniture, little information and few activities for children and young people. Reviewers considered that the therapy rooms could quite easily be made more welcoming and demonstrate the service's understanding of the needs of children and young people.

7 The service was developing 23 clinical pathways. Those developed at the time of the review were 'flow charts' rather than clinical guidelines and therefore did not meet the requirements of the relevant Quality Standards. The service was in the process of developing supporting guidance, standards and outcome measures for each pathway. Some of the documented pathways overlapped and were inconsistent with the service's operational policy (for example, about the eligibility criteria for the service, in particular, whether children of parents in legal dispute were accepted, and about Gillick competence). The service was aware of the need to revise the operational policy and re-align it with clinical pathways. Reviewers questioned the need for 23 pathways and thought that fewer, fully-implemented pathways may be sufficient. Reviewers also considered that the service needed to be clear about the relationship between the operational policy, clinical pathways and clinical guidelines, in particular, about the purpose of each document and about what information was recorded where.

8 It may be helpful to review the arrangements for provision of information to service users and their families. Some of the young people who met the visiting team had not seen the booklet that was available at Lodge Road and were not aware of how to request a change of case manager or make a complaint.

9 The IT system in use at the time of the review did not collect clinical information. This limited the ability of the service to monitor achievement of goals and other outcomes and to undertake audits.

10 Arrangements for shared care with GPs were not clearly defined in the documentation seen by reviewers, and a few service users and families who met the visiting team reported delays and difficulties. Further work in this area may be helpful.

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COMMISSIONING

SANDWELL METROPOLITAN BOROUGH COUNCIL and NHS SANDWELL AND WEST BIRMINGHAM CLINICAL COMMISSIONING GROUP

General Comments and Achievements

Commissioning of the pathway for children and young people with emotional health, well-being and mental health needs was in three parts. Sandwell Metropolitan Borough Council Public Health Department had overall responsibility for school health services and for promoting mental health and wellbeing. A Senior Strategic Commissioning Manager at Sandwell Metropolitan Borough Council had responsibility for commissioning targeted services from Sandwell Shield as part of the Integrated Children and Families Service. Specialist services were commissioned from the BCPFT by Sandwell and West Birmingham Clinical Commissioning group. At the time of the review the Maternity, Children & Young People's Commissioning Team, hosted by Birmingham South Central Clinical Commissioning Group and working on behalf of Birmingham South Central, Birmingham Cross City, Sandwell and West Birmingham, and Solihull Clinical Commissioning Groups was temporarily covering the commissioning of the service.

A Sandwell needs assessment and consultation on the views of children and young people had been undertaken in 2012. The needs assessment was in the process of being repeated at the time of the review.

Immediate Risks: No immediate risks were identified.

Concerns

1 **'Early Help' and Prevention**

Action being taken to commission 'early help' and prevention services was not clear. All services covered by this review (Sandwell Shield and BCPFT) were commissioned to care for children from the age of five years. No specific 'Early Help' team was available, and the arrangements for 'early help' were not clear to reviewers from discussions during the course of the visit. Subsequent comments from Sandwell Metropolitan Borough Council were that 'early help' was delivered through a partnership approach and that locality-based services known as Community Operating Groups (COGs) had been established.

2 **Crisis Responses and Intensive Home Support**

The extent to which local services were commissioned to care for children and young people needing a crisis response or intensive home support was not clear. The extent to which the BCPFT, including the on-call child and adolescent psychiatrist rota, is expected to provide a crisis response needs to be clarified. All local providers, including Sandwell and West Birmingham Hospitals NHS Trust, need to be clear on the expected response. This work will need to link with the related issue of intensive home support. Any commissioning shortfall identified will need to be considered by commissioners.

3 **Sandwell Shield Data Collection and Key Performance Indicators**

The different data collection systems are described in the Sandwell Shield section of this report. The impact of these was that key performance indicator data were inconsistent and an accurate picture of actual performance was difficult or impossible to determine.

4 See also the 'Overview' section of this report.

5 The sections of this report relating to universal, targeted and specialist services identify issues that commissioners will need to monitor and work with their providers to ensure are addressed. These issues include:

a. **Universal Services:** Capacity of primary mental health workers

b. **Targeted Service:**

i. Activity levels

ii. Referral process

iii. Balance of therapeutic interventions offered

iv. Data collection

c. **Specialist Service:** Crisis responses and intensive home support

Further Consideration

1 Commissioners who met the visiting team recognised the fragmentation of local commissioning arrangements and had recently established a local commissioning group with representatives of the Clinical Commissioning Group and the Metropolitan Borough Council. Reviewers supported the establishment of this group as a step towards more integrated commissioning. They considered that there was considerable potential for improving the commissioning of services, either through the better integration of the tripartite commissioning structure in place at the time of the review or through the establishment of joint commissioning arrangements.

2 Some of the BCPFT service specifications seen by reviewers were out of date and may benefit from review.

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Health and Social Care Economy Overview

General Comments and Achievements

As described above, links between services for the care of children and young people with severe learning disabilities were working well. Staff within children and young people's mental health services also reported that links with Sandwell and West Birmingham Hospitals NHS Trust were working well.

Concerns

1 **Strategy and Local Coordination**

No agreed strategy for children and young people's emotional health and well-being was in place. There was also no local planning and coordination group for these services on this pathway. A variety of local groups did exist but these had a range of other responsibilities rather than a focus on children and young people's emotional health and well-being. Both the commissioning and the provision of services were fragmented, with little evidence of effective communication and coordination. Reviewers saw some evidence of 'blame' between organisations involved in the children and young people's emotional health and well-being pathway (commissioners and providers). Mechanisms for ensuring problems were identified and solutions agreed and implemented across the health and social care economy were not apparent. A start was being made in some areas with, for example, the coordinated commissioning group and discussions between providers about the management of referrals, but these did not yet comprise a robust set of arrangements for operational and strategic coordination.

2 **Overall Pathway**

The overall pathway for children and young people's emotional health and well-being was not clear. Criteria for referral to each of the services were not clearly articulated in information for local young people and families and for staff working in universal services. Because of the requirement to use e-CAF, it

appeared that referral to the BCPFT specialist service was easier than referral to Sandwell Shield. Shared information about the pathway and services was not available.

3 **Multi-Agency Processes**

Multi-agency processes, especially in relation to Looked After Children, appeared cumbersome, and it was not clear that identified risks were being addressed effectively. A particular issue related to children and young people identified to social workers as potentially benefiting from referral to the specialist BCPFT service following screening of their Strengths and Difficulties Questionnaires. Very few of these children and young people were actually being referred to the specialist service. Reviewers were also told of significant amounts of clinical time being taken up in gathering information about Looked After Children and obtaining assurance of funding for therapeutic interventions. Reviewers were also told of funding available to support the care of Looked After Children locally that was not yet being effectively used.

Further Consideration

1 As part of the work on the overall strategy, commissioners and public health staff will need to ensure that relevant information, training, advice and guidance for staff working in universal services is available and kept up to date. Responsibility and capacity for this work links with the issue of the capacity of primary mental health workers (see the 'Universal Services' section of this report). This work will also need to consider the effectiveness, attendance and impact of the training commissioned from April 2014.

2 Issues related to screening and triage of referrals are mentioned in several sections of this report. Reviewers suggested that a shared screening and triage function, including appropriate capacity for support and guidance to universal services, could result in better use of the resources available in targeted and specialist services. The development of a 'single point of access' may be a helpful way to achieve this.

3 Further capacity and demand work involving both Sandwell Shield and the BCPFT Specialist Service may be helpful, especially taking into account the:

a. Role of each service

b. Increasing number of referrals

c. Needs of particular high risk groups (See QS GZ-601)

Reviewers were not able, in the time available, to assess whether capacity available locally was sufficient to meet the expected needs, taking into account trends in referrals and in the number of children and young people in high risk groups. Undertaking this work in advance of developing the local strategy, possibly as part of the revision of the needs assessment, may be particularly helpful.

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APPENDIX 1 MEMBERSHIP OF VISITING TEAM

Visiting Team

Stephanie Andrews	Mental Health Nurse	Worcestershire Health & Care NHS Trust
Andrew Barnett	Early Intervention CAMHS Clinical Nurse Specialist	Birmingham and Solihull Mental Health NHS Foundation Trust
Alan Butler	CAMHS Programme Manager	Coventry City Council
Paula Forrester	Head of Nursing & Interim ASD Tier 4 CAMHS	Birmingham Children's Hospital NHS Foundation Trust
Carolyn Gavin	Clinical Director CAMHS	South Staffordshire & Shropshire Healthcare NHS Foundation Trust
David Healey	Director	Coventry Mind
Zoe Morris	Lay Representative	
Dr Alastair Neale	Child Psychiatrist/Medical Director	Shropshire Community Health NHS Trust
Nicky Ratcliff	Community Psychiatric Nurse CAMHS SPA Joint Project Lead	Worcestershire Health & Care NHS Trust
Sam Watson	Lay Representative	
Tonita Whittier	Acting CAMHS Case Manager	NHS England, Birmingham, Solihull and Black Country Area Team

WMQRS Team

Jane Eminson	Acting Director	West Midlands Quality Review Service
Sarah Broomhead	Assistant Director	West Midlands Quality Review Service

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APPENDIX 2 COMPLIANCE WITH THE QUALITY STANDARDS

Analyses of percentage compliance with the Quality Standards should be viewed with caution as they give the same weight to each of the Quality Standards. Also, the number of Quality Standards applicable to each service varies depending on the nature of the service provided. Percentage compliance also takes no account of 'working towards' a particular Quality Standard. Reviewers often comment that it is better to have a 'No, but', where there is real commitment to achieving a particular standard, than a 'Yes, but', where a 'box has been ticked' but the commitment to implementation is lacking. With these caveats, table 1 summarises the percentage compliance for each of the services reviewed.

Table 1 – Percentage of Quality Standards met

Service	Number of Applicable QS	Number of QS Met	% met
Towards Children and Young People's Emotional Health and Well-Being			
Universal Services	4	2	50
Targeted Service: Sandwell Shield (Murray Hall Community Trust)	40	18	45
Specialist Service: Black Country Partnership NHS Foundation Trust	49	23	47
Commissioning: Sandwell Metropolitan Borough Council & NHS Sandwell and West Birmingham Clinical Commissioning Group	6	1	17
Health and Social Care Economy	**99**	**44**	**44**

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Pathway and Service Letters:

These generic Standards use the mental health pathway letter 'G'. The Standards are in the following sections:

GA-	Mental Health Pathway	Universal Services (Tier 1)
GR-	Mental Health Pathway	Targeted and Specialist Child and Adolescent Mental Health Service (Tiers 2, 3 and 3.5)
GZ-	Mental Health Pathway	Commissioning

Topic Sections: Each section covers the following topics:

-100	Information and Support for Children, Young People and Families
-200	Staffing
-300	Support Services
-400	Facilities and Equipment
-500	Guidelines and Protocols
-600	Service Organisation and Liaison with Other Services
-700	Governance

UNIVERSAL SERVICES

		Sandwell	
Ref	Standard	Met?	Comments
GA-101	**Information for Children, Young People and Families** Information for children, young people and families should be available, covering at least: a. Health promotion, including smoking cessation, health eating, weight management, exercise, alcohol use, sexual and reproductive health b. Promoting emotional health, well-being and resilience c. Information about common emotional well-being and mental health problems in children and young people d. Services available in the local care pathway, their role, eligibility criteria including ages of children seen, and how to access them	N	Information covering 'd' was not available. A range of information was available covering 'a', 'b' and 'c'.
GA-201	**Training Programme** A rolling programme of training should be run for staff working in universal services covering: a. Promoting emotional health, well-being and resilience b. Problem recognition c. Strategies to use with children with emotional well-being or mental health problems d. When and how to access to advice, guidance and supervision (QS GA-202)	Y	
GA-202	**Access to Advice, Guidance and Supervision** Staff working in universal services should have access to advice, guidance and supervision from staff working in targeted or specialist CAMHS about the care and, if appropriate, referral of children and young people with emotional well-being or mental health concerns.	Y	Staff in universal services did have access to the primary mental health workers, but these staff had limited capacity for this work (1.2 wte) in addition to screening referrals.
GA-501	**Guidelines** Guidelines should be in use covering: a. Promoting emotional health, well-being and resilience b. Advice and therapies for children and young people with less severe emotional well-being or mental health problems c. Services available in the local care pathway, their role and ages of children seen d. Indications and arrangements for urgent and routine referral to targeted or specialist CAMHS services and information to be sent with each referral e. Arrangements for access to telephone advice and guidance from targeted or specialist CAMHS services (QS GA-202)	N	Guidelines covering 'a' to 'e' were not available. In particular, the role of each service and the indications for referral were not clearly articulated in the guidance for universal services.

TARGETED AND SPECIALIST CHILD & ADOLESCENT MENTAL HEALTH SERVICES

		Sandwell Shield (Murray Hall Community Trust)		Black Country Partnership NHS Foundation Trust	
Ref	**Standard**	**Met?**	**Comments**	**Met?**	**Comments**
GR-101	**General Service Information** Information for children, young people and families should be easily available covering: a. Role of the service within the local care pathway and age of children and young people seen b. Organisation of the service, such as opening hours c. Options for home visits or therapeutic interventions in informal locations d. Staff and facilities available e. How to contact the service for help and advice, including out of hours	Y	A wide range of information for children, parents and professionals was available via the website. Options for home visiting were negotiated on a case by case basis.	Y	The specialist learning disability service offered home visits and therapeutic interventions in informal locations. However, arrangements for these were not so clear in other aspects of the service.

GR-102	**Information for Children and Families Referred to the Service**
	
	The service should offer children, young people and families referred to the service written information covering:
	a. General service information (QS GR-101)
	b. Who they will see and what will happen at their first visit
	c. Consent and confidentiality, including:
	  a. The implications of children and young people's competence and capacity to consent
	  b. The child or young person's right to access information about themselves
	d. Safeguarding and the service's responsibility to report concerns
	e. The role of the case manager and how to request a different case manager
		Y	General information was available on the website, although consent and confidentiality information was not easily accessible via the site.
			Information was included in the 'opt in' letters that were sent and this was covered in the assessment process.
				Y	A leaflet was sent out which covered most aspects of the QS. A booklet available at Lodge Road covered 'e', but children and young people who did not attend Lodge Road had not seen this booklet. Some young people who met the visiting team wanted to change their case manager but were not aware of how to do this.

		Sandwell Shield (Murray Hall Community Trust)		Black Country Partnership NHS Foundation Trust	
Ref	**Standard**	**Met?**	**Comments**	**Met?**	**Comments**
GR-103	**Goal- and Problem-Specific Information** Information for children, young people and families should be available covering, at least: a. Support available to help them achieve their goals b. Brief description of their problem and its impact c. Possible complications and how to prevent these d. Pharmacological and non-pharmacological therapeutic interventions offered by the service, including support for parenting e. Possible side-effects of therapeutic interventions f. Symptoms and action to take if unwell g. DVLA regulations and driving advice (if applicable) h. Health promotion, including normal child development, smoking cessation, health eating, weight management, exercise, alcohol use, sexual and reproductive health, and mental and emotional health and well-being i. Sources of further advice and information	N	It was not clear that all aspects of the QS were covered for all service users. 'a', 'b' and 'c' were included in the 'outcome-focused plan'. Arrangements for ensuring that all young people and families were given the relevant information were not clear. Some health promotion was covered, including obesity and alcohol. Young people were also given a list of other services and self-help fact sheets. 'd' and 'f' were not applicable. Young people would be signposted back to their GP for these.	N	It was not clear that all aspects of the QS were covered for all service users. Reviewers were told that leaflets from the Royal College of Psychiatrists were given out, and some other information was available. Arrangements for ensuring all children, young people and families were given relevant information did not appear robust. Case notes did not record whether information had been given.

		Sandwell Shield (Murray Hall Community Trust)		Black Country Partnership NHS Foundation Trust	
Ref	**Standard**	**Met?**	**Comments**	**Met?**	**Comments**
GR-104	**Agreed Plan of Care** Each young person and, where appropriate, their carer should discuss and agree a goal-orientated Care Plan, and should be offered a written record covering at least: a. Agreed goals, including life-style goals b. Self-management c. Planned therapeutic interventions and who will be delivering these d. Early warning signs of problems and what to do if these occur e. Planned review date and how to access a review more quickly, if necessary f. Name of case manager and how to contact them with queries or for advice If required: g. Crisis management plan h. Risk assessment and risk management plan i. Any cultural or religious implications for therapeutic interventions or settings	Y	Each child and young person had an 'outcome-focused plan' based on their needs and the intervention offered. The service offered a six to eight week programme with a therapist, although some children and young people accessed multiple six-week blocks.	N	Goal-oriented paperwork was evident in some, but not all, of the case notes seen by reviewers. CPA documentation was used for clients with Tier 4 service input. Young people who met the visiting team mostly thought that they had a plan of care. Risk assessments and risk management plans were also not evident in case notes seen by reviewers, even when these were clearly indicated.

		Sandwell Shield (Murray Hall Community Trust)		Black Country Partnership NHS Foundation Trust	
Ref	**Standard**	**Met?**	**Comments**	**Met?**	**Comments**
GR-105	**Review of Agreed Plan of Care** A formal review of the young person's Care Plan should take place as planned and, at least, six monthly. This review should involve the young person, where appropriate, their carer, and appropriate members of the multi-disciplinary team. The outcome of the review should be communicated in writing to the young person and, if appropriate, to the referring service and the young person's GP.	N	A review of the outcome-focused plan was undertaken during therapy sessions and at the end of the six to eight week sessions, and updated on the e-CAF database. It was not clear what information was communicated to the young person's GP, as reviewers were told that GPs did not routinely use e-CAF, nor was it clear if the young person received a written record of their review. Reviewers were told that written feedback was provided on request. Information was also collated about cancellations or non-engagement.	N	Meetings with young people and feedback questionnaires confirmed that review of care plans did not take place routinely. All case notes included a sheet headed 'review of care plan' but this had not yet been completed. In most notes it was also not clear what care plan was being reviewed.
GR-106	**Contact for Queries and Advice** Each young person's and, where appropriate, their carer should have a contact point within the service for queries and advice. If advice and support is not immediately available then the timescales for a response should be clear. Response times should be not more than the end of the next working day. All contacts for advice and actual response time should be documented.	Y	Young people were clear how to contact the service with queries or for advice.	N	Arrangements were not clear. Some young people said they would ring the front desk, whereas others would contact their case manager. Families were also not clear about the arrangements. Reviewers also did not see evidence of recording and auditing response times.
GR-107	**Case Manager** Each child and young person should have a nominated person responsible for the coordination of their care and for liaison with the child's GP, school and other agencies involved in their care.	Y		Y	

		Sandwell Shield (Murray Hall Community Trust)		Black Country Partnership NHS Foundation Trust	
Ref	**Standard**	**Met?**	**Comments**	**Met?**	**Comments**
GR-195	**Transition to Adult Services** Young people choosing transition to the care of adult mental health services should be offered written information covering at least: a. Their involvement in the decision about transfer and, with their agreement, involvement of their family or carer b. A joint meeting between CAMHS and adult services to plan the transfer c. A named coordinator for the transfer of care d. A preparation period prior to transfer e. Arrangements for monitoring during the time immediately after transfer	N	Processes for liaising with other services about transition were not clear. Reviewers were told that the majority of young people would complete any sessions by the age of 18. There were plans to meet and consider transition with the BCPFT service.	Y	A clear process for transition to adult care within BCPFT was in place. Feedback from young people and families on transition was good. The policy was unclear about 'b' and 'e' and the service's self-assessment was that this may not happen in all cases. Reviewers were also unsure whether the transition process worked in the same way for young people with neuro-developmental disorders.
GR-196	**'Letting Go' Plan** Children, young people and families should be involved in planning their discharge from the service and should be offered a written plan covering at least: a. Evaluation of achievement of agreed goals b. Care after discharge from the service (if any) c. Reintegration and return to normal activities d. Ongoing self-management and relapse prevention e. Possible problems and what to do if these occur including, where appropriate, arrangements for easy re-access to the service f. Who to contact with queries or concerns	Y	Children and young people were informed that they would be offered six to eight weeks of interventions. Further intervention beyond the six to eight week model was offered if the therapist or counsellor considered this was needed. Children and young people could re-refer at a later date if they felt that further support was required.	N	A policy was in place and a discharge plan was documented in the clinical notes, but reviewers did not see any evidence of this information being given to young people in an accessible format.

		Sandwell Shield (Murray Hall Community Trust)		Black Country Partnership NHS Foundation Trust	
Ref	Standard	Met?	Comments	Met?	Comments
GR-197	**General Support for Families and Carers** Families and carers should have easy access to the following services and information about these services should be easily available: a. Interpreter services, including British Sign Language b. Independent advocacy services c. Complaints procedures d. Social workers e. Benefits advice f. *HealthWatch* or equivalent organisation g. Relevant voluntary organisations providing support and advice	Y		Y	
GR-198	**Family and Carers' Needs** Carers should be offered information on: a. How to access an assessment of their own needs b. What to do in an emergency c. Services available to provide support, including for other children in the family	Y	Families and carers were 'signposted' to other organisations and support services.	Y	
GR-199	**Involving Children, Young People and Families** The service should have: a. Mechanisms for receiving regular feedback from children, young people and families about the therapies and care they receive b. Mechanisms for involving children, young people and families in decisions about the organisation of the service c. Examples of changes made as a result of feedback and involvement of children, young people and families	N	'a' and 'c' were met but mechanisms for involving children, young people and families in decisions about the organisation of the service were not yet in place. The Murray Hall Community Trust was in the process of establishing a young people and emotional well-being steering group, which would help to address this.	N	'a' and 'c' were met but mechanisms for involving children, young people and families in decisions about the organisation of the service were not yet in place. The service had plans for addressing this issue. The only evidence for 'c' related to the colour and decoration of the waiting room.

		Sandwell Shield (Murray Hall Community Trust)		Black Country Partnership NHS Foundation Trust	
Ref	**Standard**	**Met?**	**Comments**	**Met?**	**Comments**
GR-201	**Professional and Managerial Leads** A lead professional and a lead manager should be responsible for the effective delivery of the service, including staffing, training, clinical supervision, guidelines and protocols, service organisation, governance and for liaison with other services. The lead professional should be a registered healthcare professional with appropriate specialist competences in this role who undertakes regular clinical work within the service.	Y		N	A lead manager was in place but not an overall clinical lead for the service. Leads for each professional group and part of the service were in place (i.e. approximately six clinical leads). Some staff were unclear how an overall clinical lead role would work in practice.

		Sandwell Shield (Murray Hall Community Trust)		Black Country Partnership NHS Foundation Trust	
Ref	**Standard**	**Met?**	**Comments**	**Met?**	**Comments**
GR-202	**Staffing Levels and Skill Mix** Sufficient staff with appropriate competences should be available for the: a. Number of children and young people usually cared for by the service and the usual case mix b. Service's role in the care pathway, including case management c. Assessments and therapeutic interventions offered by the service, including support for parenting d. Achievement of expected timescales for assessments, therapeutic interventions and urgent review e. Intensive home support 24/7 (if provided by the service) f. Staff support and supervision g. Service's role in: i. Training programmes for universal services (QS GA-201) ii. Advice, guidance and supervision for universal services (QS GA-202) iii. Advice, guidance, supervision and training for targeted services (specialist services only) iv. Involvement in ongoing support, assessments and discharge planning of children and young people under the care of Tier 4 services or in in-patient or residential placements outside the local area An appropriate skill mix of staff should be available including, for specialist CAMHS: a. Psychological therapists and counsellors b. Nursing staff c. Clinical psychology d. CAMH consultants e. Social care professionals f. Support workers and other staff required to deliver the range of assessments and therapeutic interventions offered by the service Cover for absences should be available so that the care pathway is not unreasonably delayed, and outcomes and experience are not adversely affected, when individual members of staff are away.	N	The Shield service model had a clear pathway for the types of intervention provided, and utilised a pool of self-employed therapists and counsellors. It was not clear that the staffing levels for the usual case mix were appropriate or flexible to meet the changing needs of the service. Reviewers were told that the service was receiving fewer low intensity referrals than originally anticipated, with more referrals requiring high intensity management. See also the main report.	Y	Very experienced staff were available for the therapeutic interventions provided. The service considered that it was not commissioned to provide a crisis service or intensive home support and was not staffed to meet these needs. Reviewers also commented that the skill mix within the service was heavily focused on psychology staff, with relatively few nurses. More nursing staff would be needed if a more acute service was provided. Staffing levels for advice, guidance and supervision for universal services were very low (1.2 wte), and it was not clear that the service was providing support and training for targeted services (Sandwell Shield). Reviewers were also told that the social workers may be removed from the team; this would have an impact on the services and reduce the diversity of staffing. Timely involvement in support, assessments and discharge planning for children and young people under the care of Tier 4 services was not evident. A capacity and demand study, especially in relation to the increase in referrals, may be helpful.

		Sandwell Shield (Murray Hall Community Trust)		Black Country Partnership NHS Foundation Trust	
Ref	**Standard**	**Met?**	**Comments**	**Met?**	**Comments**
GR-203	**Service Competences and Training Plan** The competences expected for each role in the service should be identified. A training and development plan for achieving and maintaining competences should be in place. The competence framework and training plan should ensure appropriate staff are available to meet the needs of its usual case mix of children and young people and its role in the care pathways, including staff with competences in: **Targeted and Specialist CAMHS:** At least four evidence-based interventions which the service is expected to provide which may include: a. Cognitive behavioural therapy b. Parent counselling and parenting support c. Systemic family practice d. Interpersonal psychotherapy e. Formulation or solution-focused therapies **Specialist CAMHS only:** f. Pharmacological interventions g. Family therapy h. Dialectical behaviour therapy	N	An overarching training and development plan for achieving and maintaining competences for each role in the service was not yet in place. Individual supervision and appraisals were in place and staff were offered training opportunities. Some of the information related to the previous organisation (Head 2 Head).	Y	A training needs analysis had been undertaken, linked to staff appraisals.

		Sandwell Shield (Murray Hall Community Trust)		Black Country Partnership NHS Foundation Trust	
Ref	**Standard**	**Met?**	**Comments**	**Met?**	**Comments**
GR-204	**Competences – All Health and Social Care Professionals** All health and social care professionals working in the service should have competences appropriate to their role in: a. Safeguarding children b. Recognising and meeting the needs of vulnerable children c. Dealing with challenging behaviour, violence and aggression d. Children's Act, Mental Capacity Act and Mental Health Act e. Consent, including the implications of competence and capacity f. Information sharing and confidentiality g. Risk assessment and risk management h. Transition to adult care i. Use of equipment (if applicable) j. Paediatric life support k. Deprivation of Liberty Safeguards (services caring for people aged 18 and over) l. Safeguarding adults	N	The skills audit broadly covered all aspects except 'h' to 'l'. These aspects were relevant as the service saw young people up to age 19. An adult safeguarding policy was in place.	Y	All staff had had appraisals. The Trust had also developed a 'training passport' that had been rolled out to all staff. Mandatory training uptake was monitored at supervision and annual appraisal. A list of expired training was provided to the service manager on a monthly basis for review and to ensure that all staff members had completed appropriate training for their role.
GR-205	**24 Hour Crisis Response (Specialist CAMHS only)** The following staff should be available 24/7: a. A member of the team with competences to provide a crisis response service b. A consultant child and adolescent psychiatrist who can provide advice c. An Approved Mental Health Practitioner who is available to do home visits d. A doctor of grade ST4 or above (or equivalent non-training grade doctor) who is available to do home visits e. On call clinical manager	N/A		N	See main report.

		Sandwell Shield (Murray Hall Community Trust)		Black Country Partnership NHS Foundation Trust	
Ref	Standard	Met?	Comments	Met?	Comments
GR-206	**Pathway Leads** Lead professionals for the following care pathways should be identified: a. Prevention and early intervention b. Looked After Children c. Liaison with acute paediatric services d. Transition to adult mental health services e. Care of children and young people with: i. Learning disabilities ii. Neuro-developmental disorders including ASD and ADHD iii. Eating disorders iv. Self-harm v. Substance misuse problems vi. Anxiety and depression vii. Early onset psychosis viii. Attachment difficulties ix. Challenging behaviours and emerging border-line personality disorders x. Trauma	Y	A prevention and early intervention pathway lead had been identified. The lead manager would access lead professionals for the other pathways (youth offending, substance misuse, children with disabilities). The service did not provide other services.	N	Pathways were in development and an overall 'Pathways Lead' had been appointed. Lead professionals were not yet identified for each area. A Clinical Reference Group involving a range of staff was meeting regularly to review clinical pathways.
GR-207	**Clinical and Managerial Supervision** All practitioners should receive regular clinical and managerial supervision appropriate to their role.	Y		Y	Staff had a positive attitude to supervision and an audit had been undertaken.
GR-299	**Administrative, Clerical and Data Collection Support** Administrative, clerical and data collection support should be available.	N	Administrative support was available but clinical staff were spending time on completing the e-CAF, which was having an impact on the delivery of therapeutic interventions.	N	Additional support may be needed if a new computer system is implemented. Also, clinical staff were spending considerable time gathering information and chasing payment, especially in relation to Looked After Children.

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Ref	**Standard**	**Met?**	**Comments**	**Met?**	**Comments**
GR-301	**Support Services** Unless part of the team (QS GR-202), timely access to the following support services should be available: a. Speech and language therapy service b. Dietetics c. Pharmacy d. Occupational therapy e. Substance misuse service f. Youth Offending Team	Y	Access to support services was by referral. The service had links with school nursing, substance misuse and youth offending teams.	Y	
GR-302	**Multi-Agency Teams** The service should work as part of an appropriate range of multi-agency teams, including appropriate joint working with: a. Universal services including general practitioners, health visitors, school nurses, social services, children's centres and early years provision, teachers and youth workers b. Acute and community paediatrics c. Child development service d. Social services including foster care and adoption e. Education and education support services f. Youth justice service g. Adult mental health service with expertise in early intervention in psychosis h. Employment support agencies	N	The service was working as part of an appropriate range of multi-agency teams but there was little joint working. See also the 'Overview' section of the main report.	N	Implementation of multi-agency teams was variable. The specialist learning disability team had good links with other agencies. The Looked After Children team did not have the same range of effective links. Multi-agency discussion took place for Looked After Children and those in the care of generic CAMHS but these arrangements appeared to be cumbersome rather than a streamlined, effective pathway. See also the 'Overview' section of the main report.
GR-303	**Intensive Home Support (24/7) (Specialist CAMHS only)** The service should have access to a team providing daily (24/7) intensive home support for children and young people at risk of admission to in-patient CAMHS services.	N/A		N/A	The service was not commissioned to provide intensive home support.

		Sandwell Shield (Murray Hall Community Trust)		Black Country Partnership NHS Foundation Trust	
Ref	Standard	Met?	Comments	Met?	Comments
GR-304	**Tier 4 CAMHS (Specialist CAMHS only)** The service should have timely access to a tier 4 CAMHS service for advice, assessments, out-patient care and in-patient admission. If in-patient admission is required, this should be within a reasonable travelling distance of the child's home.	N/A		N	Timely access to Tier 4 beds was not available and this was identified on the Trust risk register.
GR-401	**Facilities** Facilities available should be appropriate for the assessment and therapeutic interventions offered by the service including: a. Welcoming reception and waiting areas with age and developmentally appropriate toys and books b. Facilities appropriate for children and young people with learning disabilities or neuro-developmental disorders c. Separation from adult patients d. Appropriate rooms for individual and family consultations e. Facilities for videoing and observing consultations f. Systems for summoning help in an emergency g. Office space	-	An assessment of the facilities was not possible as the service was moving to new premises on the day of the visit. Shield also delivered services on an outreach basis in schools, GP surgeries, community centres and children's centres across Sandwell.	Y	Appropriate facilities were available, but see the main report (further consideration section) in relation to decoration and furniture.
GR-402	**Equipment** Timely access to equipment appropriate for the service provided should be available.	-	An assessment of timely access to equipment was not possible as the service was moving to new premises on the day of the visit.	Y	
GR-499	**IT System** IT systems for storage, retrieval and transmission of information should be in use for patient administration, clinical records and other data to support service improvement, audit, outcome monitoring and revalidation. All clinical staff should be able electronically and securely to communicate person-identifiable data to other services involved in their care.	Y	Multiple systems were in use, including the Shield database, 'CORE Net' and 'e-CAF'. Data collected by the systems were inconsistent.	N	The IT system (Oasis) did not support electronic clinical records.

		Sandwell Shield (Murray Hall Community Trust)		Black Country Partnership NHS Foundation Trust	
Ref	**Standard**	**Met?**	**Comments**	**Met?**	**Comments**
GR-501	**Screening and Referral Management Guidelines** Guidelines on the management of referrals should be in use covering: a. Provision of advice to universal services b. Screening of referrals within one working day of receipt c. Risk assessment and urgent contact with those considered at high risk d. Responding to the family and referrer if referral considered inappropriate e. Arrangements for confirming demographic information and whether other agencies are involved f. Offering an appointment and requesting any additional information g. Looked After Children: Confirming with the responsible social work team that they are aware of and support the referral	N	Guidelines on the management of referrals were in the process of development. Screening of referrals took place daily via the e-CAF system but only twice weekly for referrals from 'Early Help'. All referrals were reviewed by the Co-ordinator, Service Manager and Clinical Consultant. Target timescales were: • 5 days from referral to assessment if all information was received • 10 days from assessment to outcome plan • 15 days from outcome plan to interventions • 10 days for information to be entered onto e-CAF	Y	Guidelines were available, although it was not clear that the service had sufficient capacity to implement these guidelines fully. Some of the available documentation was inconsistent in relation to Gillick competent young people aged under 18.

		Sandwell Shield (Murray Hall Community Trust)		Black Country Partnership NHS Foundation Trust	
Ref	**Standard**	**Met?**	**Comments**	**Met?**	**Comments**
GR-502	**Crisis Assessment (Specialist CAMHS only)** Guidelines on crisis assessments should be in use covering at least: a. Response to 'crisis' referrals: i. From Emergency Departments and Paediatric Assessment Units within 30 minutes in urban areas of request (60 minutes in rural areas) ii. Within four hours for all other requests b. Risk assessment c. Liaison with all relevant local services, including acute paediatrics, d. Seeking advice from intensive home support or Tier 4 services when indicated e. Intensive clinical support until this is no longer needed or care is handed over to intensive home support or Tier 4 care (QSs GR-303 and 304) f. Handover to targeted, specialist, intensive home support or Tier 4 care	N/A		N	Response to 'crisis' referrals within four hours was not routinely available. Self-harm referrals received before 11am Monday to Friday were seen the same day. Referrals received after 11am were seen the next working day. Risk assessment guidelines were included in the operational policy but were not robustly implemented in the case notes seen by reviewers. See also main report.

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Ref	**Standard**	**Met?**	**Comments**	**Met?**	**Comments**
GR-503	**Initial Appointment Guidelines** Initial appointment guidelines should be in use for the usual case mix of young people referred to the service covering: a. Family and carer involvement in the assessment b. Urgent and routine appointments c. Identification of other agencies involved with the care of the young person d. Indications for multi-agency and /or multi-disciplinary discussion of the young person's Care Plan (QS GR-504) e. Recording the agreed goals, including life-style goals f. Risk assessment and management g. Use of diagnostic tools and validated assessment methods h. Range of therapeutic interventions available and indications for offering these to the young person alone, their parents and /or the family i. Agreement of the Care Plan with the young person and, where appropriate, their family j. Allocation of a Case Manager k. Communicating the outcome of the assessment to the young person, their family, the referrer, their general practitioner and other agencies involved with their care	N	Initial appointment guidelines covering the expectations of the QS were being developed. Minimal information was entered on e-CAF. Information about the initial appointment was included in the assessment checklist but the process did not cover 'b' or 'j'. The assessment checklist did cover the interventions available and there was a cancellation and DNA policy.	Y	Indications for 'd' could be clearer. The process was clear but the indications were not articulated in the documentation seen by reviewers.

		Sandwell Shield (Murray Hall Community Trust)		Black Country Partnership NHS Foundation Trust	
Ref	**Standard**	**Met?**	**Comments**	**Met?**	**Comments**
GR-504	**Multi-Agency and Multi-Disciplinary Discussion** Guidelines should be in use covering the indications and arrangements for multi-agency and/or multi-disciplinary input to the: a. Initial appointment b. Assessment process and Care Plan development c. Review of Care Plan d. Consideration of referral to Tier 4 services or other agencies Guidelines should cover the expected skill mix and frequency of multi-agency and /or multi-disciplinary discussion and responsibility for recording decisions and taking actions on these decisions.	N	Guidelines were not in place. The Shield Service Delivery model flow chart did not cover the indications and arrangements for multi-agency and/or multi-disciplinary input.	N	Thursday morning meetings provided the opportunity for multi-disciplinary discussion but the indications for discussion were 'if wider team discussion is needed'. Indications and arrangements for multi-agency discussion were not clear.

		Sandwell Shield (Murray Hall Community Trust)		Black Country Partnership NHS Foundation Trust	
Ref	**Standard**	**Met?**	**Comments**	**Met?**	**Comments**
GR-505	**Clinical Guidelines** Guidelines should be in use covering the therapeutic management of at least the following care pathways: a. Non-specific or multiple problems b. Learning disabilities c. Neuro-developmental disorders including ASD and ADHD d. Eating disorders e. Self-harm f. Substance misuse problems g. Anxiety and depression h. Early onset psychosis i. Attachment difficulties j. Challenging behaviours and emerging border-line personality disorders k. Trauma Guidelines should cover at least: a. Type and expected duration of therapeutic interventions offered b. Arrangements for multi-agency input to therapeutic interventions c. Shared-care arrangements with other services d. Prescribing, including initial prescribing and monitoring arrangements e. Monitoring and follow up	Y	Guidelines were not yet in place. The assessment form did cover disability, emotional and mental well-being issues, history of any previous incidents or referrals, safeguarding and risks.	N	The service was developing 23 pathways. The pathways developed at the time of the review covered 'c', 'd', 'f' and 'g' but were 'flow charts' and did not include clinical guidelines on therapeutic management. The service was in the process of developing supporting guidance, standards and outcome measures for each pathway.

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Ref	**Standard**	**Met?**	**Comments**	**Met?**	**Comments**
GR-506	**Physical Health Care** Guidelines should be in use covering the identification and management of young people's physical health needs, including: a. Health promotion, including smoking cessation, health eating, weight management, exercise, alcohol use, sexual and reproductive health b. Management of commonly occurring long-term conditions in liaison with the young person's general practitioner and, if applicable, acute or community paediatrician	N	Guidelines were not yet in place. In practice, information and referrals to other agencies was undertaken as required.	N	Children and young people would be 'signposted' to the 'Mytime Active' website. Guidelines on identification and management of physical health needs were not yet in place.
GR-507	**Referral for Tier 4 Care (Specialist CAMHS only)** Guidelines on referral for care by Tier 4 services should be in use covering: a. Indications and 24/7 arrangements for seeking advice from Tier 4 CAMHS b. Referral criteria c. Handover of care to Tier 4 CAMHS d. Communication with and involvement of specialist CAMHS during the young person's Tier 4 care e. Involvement of specialist CAMHS staff in assessments prior to discharge from Tier 4 care f. Handover of care from Tier 4 CAMHS g. After-care following in-patient admission h. Arrangements for re-accessing Tier 4 services if required	N/A		N	Three different policies were in place. The policy on 'admission of a minor' covered all aspects of the QS. The flow charts for children and young people in the acute hospital (Sandwell and West Birmingham Hospitals NHS Trust) did not cover all aspects of the QS, including support from the CAMHS service and liaison with Tier 4 services.

		Sandwell Shield (Murray Hall Community Trust)		Black Country Partnership NHS Foundation Trust	
Ref	**Standard**	**Met?**	**Comments**	**Met?**	**Comments**
GR-508	**Children Awaiting Tier 4 Admission (Specialist CAMHS only)** Local guidelines on the maintenance of children and young people awaiting admission to a Tier 4 bed should be in use covering: a. Location/s where care may be provided b. Circumstances under which a child will be admitted to these location/s c. Development and agreement of a plan for their care while awaiting a Tier 4 bed d. Support for staff while the child is in their care e. Review by an appropriate member of the specialist CAMH service at least every 12 hours f. Discussion with a Tier 4 consultant about the arrangements before admission and regularly during the child's stay g. Involvement of commissioners of Tier 4 care h. Recording as a clinical incident any delays in admission to a Tier 4 bed which place at risk the safety or quality of care for the young person or others	N/A		N	As QS GR-507.
GR-509	**Children and Young People at Particular Risk** Protocols should be in use covering the care of children and young people at particular risk, including: a. Looked After Children b. Young people on the Care Programme Approach c. Young people on Community Treatment Orders d. Children and young people with Section 117 after-care requirements e. Children and young people at risk of criminal activity f. Children and young people where there are safeguarding concerns	Y	Guidelines were in place for the level of service delivered and included: • Safeguarding policy • Domestic abuse policy • Lone worker (draft) • Suicide prevention pathway.	N	Guidelines covered all aspects except 'e'.

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Ref	**Standard**	**Met?**	**Comments**	**Met?**	**Comments**
GR-596	**Information Sharing** Locally agreed information sharing guidelines should be in use covering: a. Sharing information with children, young people and families b. Sharing information with other agencies involved in the care of the young person c. Accessing information held by other agencies about the young person	Y	The therapeutic guidelines were in draft form. The assessment checklist covered the arrangements for information sharing.	Y	
GR-597	**'Letting Go' Guidelines** Guidelines on discharge from the service should be in use covering: a. Involvement of the young person and family in planning the discharge b. Evaluation of achievement of agreed goals c. Ensuring the young person and family have an agreed 'Letting Go' plan covering all aspects of QS GR-196 including, where appropriate, easy re-access to the service d. Communicating the 'Letting Go' plan to the young person's general practitioner and any other agencies involved in their care	N	Guidelines were not clear on the arrangements for 'letting go'. Reviewers were told that children and young people could stay on for further sessions.	Y	

		Sandwell Shield (Murray Hall Community Trust)		Black Country Partnership NHS Foundation Trust	
Ref	Standard	Met?	Comments	Met?	Comments
GR-598	**Transition Guidelines** Guidelines on transition of young people from targeted or specialist CAMH to adult mental health services should be in use covering, at least: a. Involvement of the young person and, where appropriate, their carer in planning the transfer of care b. Involvement of the young person's general practitioner c. Joint meeting between CAMHS and adult services to plan the transfer d. Allocation of a named coordinator for the transfer of care e. A preparation period prior to transfer and, if appropriate, a period of shared care f. Arrangements for monitoring during the time immediately after transfer g. Care Programme Approach documentation (if applicable)	N/A		Y	The policy could be clearer about 'c' although this often happened in practice.
GR-599	**General Policies** Guidelines for the care of vulnerable children, young people and adults should be in use, in particular: a. Consent b. Lone working c. Medicines Management d. Health and Safety e. Restraint and sedation f. Mental Capacity Act g. Deprivation of Liberty Safeguards (services caring for people aged 18 and over) h. Safeguarding	N	The lone working policy was in draft form. 'd' was covered by the risk assessment policy. There were no polices covering 'a', 'e', 'f' or 'g', even though the service did provide services for young people up to 19 years of age. A staff handbook was in development.	Y	

		Sandwell Shield (Murray Hall Community Trust)		Black Country Partnership NHS Foundation Trust	
Ref	**Standard**	**Met?**	**Comments**	**Met?**	**Comments**
GR-601	**Operational Policy** The service should have an operational policy describing the organisation of the service covering, at least: a. Expected timescales for the care pathway, including initial appointment, start of therapeutic interventions and urgent review, and arrangements for achieving and monitoring these timescales b. Arrangements for: i. 24/7 crisis response (QS GR-205) ii. Screening and management of referrals (QS GR-501) iii. Initial appointment and allocation of a case manager (QSs GR-503) iv. Care Planning and Review of Care Plans (QSs GR-104, 105, 502 & 503), including communication with referring services and GPs v. Responding to children, young people and families' queries or requests for advice by the end of the next working day (QS GR-106) c. Responsibility for giving information to children, young people and families at each stage of the care pathway d. Access to clinical information at all times, including by the 24/7 crisis response service e. Provision of advice, guidance and supervision to universal (Tier 1) and other referring services (QS GA-202) f. Risk-based arrangements for follow up of children and young people who 'do not attend' or 'do not engage' for whatever reason including, where appropriate, assertive approaches to engaging young people and families g. Seeing children and young people without a family member present h. Providing assessments and therapeutic interventions in the home or informal locations i. Support to the care of local children and young people known to the service who are In in-patient or residential placements outside the area (QS GR-507) j. Care for children and young people from outside the local area who are placed locally k. Maintenance of equipment (QS GR-402) l. Responsibilities for IT systems (QS GR-499)	N	The Shield Service Model Diagram and the Accountability flow chart did not cover the details expected in the QS.	Y	The operational policy could be clearer about 'e', 'g', 'j' and 'k'.

		Sandwell Shield (Murray Hall Community Trust)		Black Country Partnership NHS Foundation Trust	
Ref	**Standard**	**Met?**	**Comments**	**Met?**	**Comments**
GR-602	**Participation in Local Planning and Coordination Group** A representative of the service should attend all meetings of the Group coordinating the development and implementation of the Local Child and Adolescent Emotional Health and Well-Being Strategy (QS GZ-604).	N	Some meetings took place but not an overall Local Planning and Coordination Group (see main report).	N	Some meetings took place but not an overall Local Planning and Coordination Group (see main report).

		Sandwell Shield (Murray Hall Community Trust)		Black Country Partnership NHS Foundation Trust	
Ref	**Standard**	**Met?**	**Comments**	**Met?**	**Comments**
GR-603	**Joint Working between Local CAMHS Services** If targeted (Tier 2) and specialist (Tier 3) services are provided by separate teams, written arrangements should be in place covering: a. Advice from the specialist CAMH service on: i. Training of staff in the non-specialist service ii. Supervision of staff in the non-specialist service iii. Referral management, assessment, clinical and other guidelines in use in the non-specialist service (QS GR-500s) b. Criteria and arrangements for referral and handover between the services c. Indications and arrangements for joint discussion of the care of young people, including those where involvement of a consultant child and adolescent psychiatrist may be appropriate d. A joint meeting at least annually to review liaison between the services and address any problems identified If specialist (Tier 3) services and intensive home support are provided by separate teams, written agreements should be in place covering: a. Criteria for referral and handover of information between the services b. Indications and arrangements for joint discussion of the care of young people c. A joint meeting at least annually to review liaison between the services and address any problems identified	N	Written arrangements between Shield and the specialist Tier 3 service were not in place. The previous joint assessment panel meeting was no longer in place. See also main report.	N	A workshop to discuss referral criteria and thresholds was planned and a joint working group looking at shared triage was in place. Written arrangements covering liaison between the teams were not in place, and effective working arrangements covering all aspects of the QS were not evident (see main report).

		Sandwell Shield (Murray Hall Community Trust)		Black Country Partnership NHS Foundation Trust	
Ref	Standard	Met?	Comments	Met?	Comments
GR-604	**Universal Services - Training Programme** A rolling programme of training in promoting emotional health and well-being and the care children with emotional well-being or mental health problems should be run for local universal (Tier 1) services including general practitioners, health visitors, school nurses, social services, teachers and those working in nursery education, youth workers, substance misuse teams and other relevant local services.	N/A	The service was not commissioned to undertake this work.	Y	
GR-605	**Regional Planning and Coordination** A representative of the service should attend each meeting of the Regional Planning and Coordination Group (QS GZ-605).	N	A representative of the service did not attend the Regional Planning and Coordination Group meetings.	Y	The Regional Forum was attended.

		Sandwell Shield (Murray Hall Community Trust)		Black Country Partnership NHS Foundation Trust	
Ref	**Standard**	**Met?**	**Comments**	**Met?**	**Comments**
GR-701	**Data Collection** Regular collection and monitoring of data should be in place, including: a. Referrals to the service, including source and appropriateness of referrals b. Number of children and young people cared for by the service and therapeutic interventions undertaken c. Time from referral to initial appointment and allocation of a case manager d. Length of each episode of care provided by the service e. Number of crisis responses, in and out of hours, and response times f. Outcome of assessments and therapeutic interventions, including self-reported outcomes g. 'Did Not Attend' rates or other measures of non-engagement with the service h. Number of referrals to Tier 4 CAMHS and young people with inappropriate delays for a Tier 4 bed i. Number of discharges from the service and type of care after discharge j. Other commissioned activity undertaken by the service k. Relevant NICE Quality Standards l. Key performance indicators: i. Response to 'crisis' referrals: • From Emergency Departments and Paediatric Assessment Units within 30 minutes in urban areas of request (60 minutes in rural areas) • Within four hours for all other requests ii. Screening of referrals and contact if considered at high risk within one working day iii. Preliminary decisions of appropriateness and response to all referrals within five working days iv. Initial appointment within a maximum of: • Five working days of referral and sooner if indicated (urgent referrals) • Four weeks of referral (routine referrals) v. Start of detailed assessment and / or therapeutic interventions within a maximum of four weeks of initial appointment	Y	Data were only collected for 'a', 'b', 'c', 'd', 'f', 'g', and 'o' as required by the specification agreed by commissioners.	N	Oasis was used but this did not record the therapeutic interventions provided. These were therefore monitored manually, although it was not clear how this information was collated. Data on 'step up' and 'step down', and supervision, were not available. Reviewers were told that other data were collected, but they did not see evidence of this (for example, a performance report).

		Sandwell Shield (Murray Hall Community Trust)		Black Country Partnership NHS Foundation Trust	
Ref	Standard	Met?	Comments	Met?	Comments
GR-702	**Audit** The services should have a rolling programme of audit of compliance with: a. Appropriateness of referrals b. Evidence-based clinical guidelines (QS GR-500s) c. Standards of record keeping including recording for each young person: i. Care Plan and review date ii. Agreed goals and whether these are achieved iii. Problem formulation or diagnosis d. Timescales for key milestones on the care pathway	N	Only 'd' was audited. Appropriateness of referrals was not audited.	N	'a', 'b' and 'c(i)' had been audited but not 'c(ii)', 'c(iii)' or 'd'. Recommendations had been made but it was not clear that these had been followed through to action.
GR-703	**Key Performance Indicators** Key performance indicators (QS GR-701) should be reviewed regularly with Trust (or equivalent) management and with commissioners.	Y	Key performance indicators set by commissioners were monitored, although available data were inconsistent and it was not clear which were correct.	N	The performance of the service was discussed at Clinical Quality Review Meetings but key performance indicators for the service were not evident.
GR-798	**Multi-disciplinary Review and Learning** The service should have multi-disciplinary arrangements for a. Review of and implementing learning from positive feedback, complaints, outcomes, incidents, 'near misses' and children, young people and families who 'do not attend' b. Review of and implementing learning from published scientific research and guidance c. Ongoing review and improvement of service quality, safety and efficiency	N	Arrangements for multi-disciplinary review and learning were not yet in place although there was quarterly feedback to the commissioners. Arrangements for monitoring of complaints and the service improvement plan were in place.	Y	

		Sandwell Shield (Murray Hall Community Trust)		Black Country Partnership NHS Foundation Trust	
Ref	Standard	Met?	Comments	Met?	Comments
GR-799	**Document Control** All policies, procedures and guidelines should comply with Trust (or equivalent) document control procedures.	N	Documents were not consistent and some were from the previous organisation that had ceased to exist 14 months before the review. Several documents were under review at the time of the visit.	N	Recently updated and ratified policies were in a standard format but older policies were not.

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COMMISSIONING

		Sandwell Metropolitan Borough Council and NHS Sandwell and West Birmingham Clinical Commissioning Group	
Ref	**Standard**	**Met?**	**Comments**
GZ-601	**Needs Assessment and Strategy** The commissioner should have an up to date: a. Assessment of the needs of local children and young people at risk of or with emotional well-being or mental health problems including the specific needs of: i. Children and young people from black and ethnic minority groups ii. Children and young people with learning difficulties iii. Looked After Children iv. Young offenders v. Other high risk groups b. Strategy for the development of services for the care of local children and young people at risk of or with emotional well-being or mental health problems	N	There was no overall strategy for the development of services. A needs assessment had been undertaken in 2012. Plans for an updated needs assessment to inform future service development were in place.
GZ-602	**Prevention and Early Intervention Programme** A comprehensive prevention and early intervention programme from conception to five years should be commissioned including: a. Appropriate psychological and other interventions for antenatal and perinatal mental health problems b. Specialist parent-infant psychological therapy for those experiencing attachment difficulties c. Targeted preventive interventions where significant risk is identified.	N	Services for prevention and early intervention from conception to five years were not formally commissioned. Maternal mental health services were commissioned by Sandwell and West Birmingham Clinical Commissioning Group.

		Sandwell Metropolitan Borough Council and NHS Sandwell and West Birmingham Clinical Commissioning Group	
Ref	**Standard**	**Met?**	**Comments**
GZ-603	**Commissioning of Services** Services to meet the needs of local children and young people at risk of or with emotional well-being or mental health problems should be commissioned including: a. Targeted services, including multi-agency support for children and families with multiple problems b. Specialist services c. 24/7 crisis support d. Intensive home support (7/7) Commissioning of each service should specific: i. Each service's role in the provision of targeted and/or specialist care of children and young people with emotional well-being or mental health problems within the local care pathway ii. Criteria for referral to and discharge from each service iii. Age range of children and young people cared for by the service iv. The range of therapeutic interventions offered by the service (QS GR-203) v. Timescales for key milestones on the care pathway and other key performance indicators (QS GR-701) vi. The service's role in the provision of: • Training programme for universal services (GA-201) • Advice, guidance and supervision to universal services (GA-202) • Prevention and early intervention (GZ-602) • Care for children and young people from outside the local area who are placed locally The range of services commissioned should ensure comprehensive care for children and young people at risk of or with emotional well-being or mental health problems, including those with learning disabilities, Looked After Children, young offenders and other high risk groups.	N	See main report.

		Sandwell Metropolitan Borough Council and NHS Sandwell and West Birmingham Clinical Commissioning Group	
Ref	**Standard**	**Met?**	**Comments**
GZ-604	**Local Planning and Coordination Group** Local commissioners should ensure that a multi-agency Local Planning and Coordination Group meets regularly to review implementation of the Local Children and Young People's Emotional Health and Well-Being Strategy and address any problems with coordination of local services. The Group should involve representatives of at least: a. All providers of targeted and specialist CAMH services b. Education providers c. Social services d. Acute and community paediatric services e. Primary health care f. Substance misuse service g. Youth Offending Team	N	See main report. A local planning and coordination group was not yet in place. Meetings between Sandwell and West Birmingham Clinical Commissioning Group and Sandwell Metropolitan Borough Council were taking place to discuss future commissioning arrangements.
GZ-605	**Regional Planning and Coordination Group** Commissioners should ensure a Regional Planning and Coordination Group meets regularly to review implementation of regional strategies and address any problems with coordination between Tier 4 and local services.	Y	
GZ-701	**Quality Monitoring** The commissioner should monitor key performance indicators and aggregate data on activity and outcomes from the service at least annually.	N	Monitoring meetings took place with both services. Data on achievement of key performance indicators (KPIs) for Sandwell Shield were available but were inconsistent with the data collected by the service. Data on achievement of KPIs for the BCPFT service were not available. Notes of monitoring meetings were also not seen by reviewers.

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