

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

Herefordshire Health and Social Care Economy

Visit Date: 9th December 2014

Report Date: April 2015

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INTRODUCTION

This report presents the findings of the review of services for children and young people's emotional health and well-being which took place on 9th December 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, Version 1, October 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 which reviewed the services in Herefordshire health and social care economy. Appendix 2 contains 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:

- Together NHS Foundation Trust
- The CLD Trust
- NHS Herefordshire 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; 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 monitoring their implementation liaising, as appropriate, with other commissioners, including commissioners of primary care. The lead commissioner in relation to this report is NHS Herefordshire Clinical Commissioning Group.

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 experience, 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 on www.wmqrs.nhs.uk

ACKNOWLEDGMENTS

West Midlands Quality Review Service would like to thank the staff and service users and carers of Herefordshire 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.

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

UNIVERSAL SERVICES

See Commissioning Section of this report.

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TARGETED SERVICE

The CLD Trust

General Comments and Achievements

The CLD Trust was the only targeted service for children and young people's mental health and well-being in Herefordshire. It was commissioned to provide an IAPT (Improving Access to Psychological Therapies) model of six sessions of counselling for 266 clients aged 10 years and over per year. *The CLD Trust* received approximately 1,500 referrals per year of which approximately 700 related to the contract for which care of 266 clients was commissioned. Services were provided at a range of venues across the county including at Hereford House where a suite of non-clinical room settings including an art therapy room was available. Clients waited a maximum of two weeks for their first appointment. The therapist who undertook the initial assessment then continued with the client's ongoing therapy. Referrals were only accepted from healthcare professionals. Referrals from education services were not accepted. The Trust did not turn clients away but did allocate clients to other contracts or to 'project' funded services whenever possible. At the time of the review, approximately 165 young people who had been referred to the health contract had not yet been allocated to a therapist. *The CLD Trust* had successfully cooperated with the ²gether NHS Foundation Trust specialist CAMH service on bidding for funding for a children and young people's IAPT service.

Good Practice

- 1 *The CLD Trust* had a very flexible approach to the managements of its contracts. Clients' care was transferred between contracts, for example, if more than six sessions of therapy were needed, without the young person being aware that the funding source had changed.
- 2 The approach to involving young people was excellent. *The CLD Trust* had a specific 'participation' worker. A good policy on participation was in use which included a range of participation mechanisms, for example focus groups, research and evaluations. A 'mental health champion' initiative was also in progress.
- 3 Case notes were clear, simple and well-organised. The case notes showed that risks were routinely reviewed weekly.

Immediate Risks: No immediate risks were identified.

Concerns: No concerns were identified.

Further Consideration

- 1 *The CLD Trust* was commissioned only to work with young people and the service therefore had relatively little involvement with families / carers. There was some engagement with families as part of the assessment process but not during the counselling sessions. *The CLD Trust* could work with families using other contracts, if required. Reviewers suggested that more flexibility about family involvement may improve the effectiveness of the service.

- 2 The service was very dependent on the Quality Manager who was responsible for all referrals, allocations and most inter-agency meetings. Cover for absences was available from the Chief Executive. Reviewers considered that this system would not be sustainable if activity levels increased.
- 3 Clinical supervision of sessional counsellors was in place but was all external. Arrangements for feedback into the management of the organisation was not clear. *The CLD Trust* was looking into this issue and had plans to change the processes that were in place, including implementation of an approved supervisors' list.
- 4 Most processes were documented but clinical guidelines for the therapies offered were not yet in place. The impact of this was limited because 'six sessions of counselling' was the only therapeutic offer. Reviewers suggest that clinical guidelines would strengthen the service, including indications for referral to other services or for additional therapy.
- 5 Training for contracted and sessional counsellors was undertaken by the counsellors themselves. *The CLD Trust* provided training on organisational issues. It may be helpful to discuss with counsellors whether any generic clinical training or updating would be useful for all counsellors working for *The CLD Trust*.

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SPECIALIST SERVICE

2GETHER NHS FOUNDATION TRUST

General Comments and Achievements

The specialist CAMH service for Herefordshire was divided into two teams, one providing generic CAMHS and the other specialising in the care of children and young people with learning disabilities and mental health problems. Staff were highly committed, caring and conscientious and team-working appeared good. Staff worked flexibly in order to provide the best possible care for their clients. Service users who met the visiting team were positive about the service they received and said that it was caring and supportive to them.

The service had been through a period of uncertainty with several changes in senior staffing. Reviewers commented, however, that the teams appeared energised, had made significant progress and were determined to address outstanding issues. IT was being used well and the service had provided some training for staff working in general paediatrics. The rate of admission to Tier 4 CAMHS appeared low. 2gether NHS Foundation Trust specialist CAMHS service had successfully cooperated with *The CLD Trust* on bidding for funding for a children and young people's IAPT (Improving Access to Psychological Therapies) service.

Good Practice

- 1 The service provided was 'CAPPA compliant' (the choice and partnership approach) with full booking and short waiting times. Waiting time were usually four weeks for 'choice' appointments and six weeks to partnership appointments.
- 2 The learning disabilities team provided very good 'letting go' letters to young people with learning disabilities who were leaving the service. These letters were written to the young people themselves and copied to the GP.
- 3 Criteria for referral to the learning disabilities team were clear and had been widely distributed to relevant organisations.

Immediate Risks: No immediate risks were identified.

Concerns

1 Crisis response

Two aspects of the crisis response to children and young people were of concern to reviewers:

- a. Reviewers were seriously concerned that specialist CAMHS advice was not available outside normal working hours. Children and young people with acute mental health problems, including self-harm, were seen either by the adult psychiatrist and/or were admitted to the general paediatric ward. Children and young people with mental health problems admitted to paediatric wards at weekends were 'specialised' by one or two mental health nurses until Monday. These nurses could be adult-trained mental health nurses without previous experience of working with children and young people. Arrangements for accessing CAMHS advice were not in place. (See also 'further consideration' 1 below.)
- b. The Monday to Friday day-time response to children and young people in crisis was not robustly organised although there were plans to introduce improved arrangements. A consultant child and adolescent psychiatrist was available but criteria for contacting them were not documented. Reviewers were told that the learning disabilities team usually advised young people to go to the Emergency Department or paediatric ward in a crisis situation.

2 Links with Local Authority

Links with the Local Authority did not appear to be working effectively in a range of different ways including:

- a. Reviewers were seriously concerned about arrangements for follow up of safeguarding referrals. CAMHS staff used the Herefordshire County Council safeguarding referral form but it was not clear that this was copied to the Together NHS Foundation Trust safeguarding lead. The process for follow up and queries, for example, of children and young people not accepted by the Local Authority, was not clear. Feedback could be requested from NHS staff in the Multi Agency Safeguarding Hub (MASH).
- b. Head teachers who met the visiting team were not aware of the criteria and arrangements for referral to the service. They said that staff in schools were not aware how to access advice or how to make referrals. They had heard that there may be a two hour slot in the morning when staff could ring for advice but were not clear if this was actually available. If available, it had not been well-publicised.
- c. The learning disabilities team reported having difficulties accessing 'short break' packages of care as families often either did not meet the threshold to access short breaks or found that insufficient time was allocated.
- d. It was not clear who within the Trust, CCG and Local Authority were working together to 'make things happen'. Reviewers were told that £180,000 of Local Authority funding had been withdrawn from the service. Reviewers recognised the difficulties imposed by the challenging health and local authority financial situation and by the multiple changes in social care leadership.

3 Facilities

The facilities at 'The Linden Centre' were unwelcoming, cramped and not child-friendly. Children and young people had to use the waiting room on the lower floor of the Linden Centre which was not separate from adult patients and was not child-friendly. Access to the CAMHS facilities was through an intercom leading to a set of stairs. The therapy rooms and corridors were small and the Linden Centre had no special facilities for children with learning disabilities or neuro-developmental disorders. Facilities for staff were also limited.

4 Learning disabilities team staffing levels

The learning disabilities team was staffed by one w.t.e. psychologist, two nurses who each worked 0.8 wte and one session of consultant time. Clients were waiting four weeks to see a nurse and five months to see a psychologist. Reviewers considered that medical input to the team was insufficient for the number of

cases (63 at the time of the review). No speech and language therapist or occupational therapist time was allocated for work with the learning disabilities team. These services were accessed by referral only and did not easily contribute to the multi-disciplinary care of children and young people with learning disabilities and mental health problems. Reviewers noted that they had not met any community paediatricians who may be providing additional support to the team.

5 Review of care plans

Arrangements for review of care plans did not appear to be firmly embedded and some case notes seen by reviewers did not include clear evidence of reviews having taken place as planned.

Further Consideration

- 1 Reviewers were surprised that the Trust's on call child and adolescent mental health consultant was not involved in the assessment of children and young people admitted to general paediatric wards outside normal working hours. Reviewers suggested that, as a minimum, the on call consultant should be informed of the admission, provide telephone (or 'FaceTime') advice on the assessment and be available for out of hours advice to the mental health nurses caring for the young person. Reviewers were told that approximately three young people were admitted with self-harm per week.
- 2 Referral criteria for the generic CAMH service were not clearly communicated to referring agencies. The service may also wish to develop feedback mechanisms with other children's services in order to gather early indications of any problems or difficulties being experiencing with the CAMH service.
- 3 The 'Choice' summary letters appeared rather long and complicated and some young people who met the visiting team expressed the same view. 'Choice' summary letters were addressed to parents. Reviewers suggested that a simpler summary of why the referral had been accepted, expected goals and planned interventions would be sufficient, possibly addressed to the young person themselves. Reviewers were told that the 'choice' worker usually picked up the referral and the purpose of a long 'choice' summary letter in this situation was not clear.
- 4 The specialist CAMH service may wish to work collaboratively with *The CLD Trust* on involvement of young people. Reviewers considered that the CAMH service could learn from the good practice evident in *The CLD Trust* approach and economies of scale may be gained from collaboration.
- 5 Information given to reviewers about the transition to adult care included a) a CQUIN was in place but transition of only two young people had been identified through this mechanism in the last year, partly because no service was commissioned for young people leaving CAMHS who needed adult mental health service support because they were prescribed medication for ADHD, and so these young people were not included in the data, b) the adult mental health team said that a joint clinic was in place which saw 80% of the young people transitioning to adult care and c) documented generic CAMHS transition guidelines / pathway and information for young people was not yet in place. A draft transition pathway for young people with learning disabilities and mental health problems was available. Reviewers suggested that further work to document arrangements for transition to adult care, followed by audit of implementation, may be helpful.
- 6 Members of the specialist CAMH teams had largely separate specialist responsibilities with limited cover for absences. Arrangements for keeping specialist expertise up to date and for ongoing clinical challenge and audit must be difficult in this situation. Reviewers were told of plans for greater integration with the Gloucestershire CAMH service which may help the Herefordshire team to address this issue.
- 7 Other feedback from young people who met reviewers was that they would like greater involvement of families and would welcome more information about medication which they were prescribed.

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COMMISSIONING

NHS HEREFORSHIRE CLINICAL COMMISSIONING GROUP and HEREFORDSHIRE COUNTY COUNCIL

General Comments and Achievements

Herefordshire Clinical Commissioning Group had a limited resource for commissioning emotional health and well-being services for children and young people. The lead commissioner had a wide range of responsibilities but understood the issues relating to children and young people's emotional health and well-being services and was committed to improving the quality of care available in Herefordshire. Links between the lead commissioner and clinical staff appeared to be working well and commissioners had driven the implementation of CAPPA. A needs assessment had also been completed and commissioners had clear plans for further work to improve local services.

Immediate Risks: No immediate risks were identified.

Concerns

1 Support for universal services (Primary mental health 'offer')

No coherent primary mental health 'offer' for children and young people was in place. *The CLD Trust* and together NHS Foundation Trust teams provided ad hoc input when requested but reviewers saw no evidence of a systematic approach to helping universal services meet expected Standards.

2 Targeted services

Only one small service (*The CLD Trust*) was commissioned to provide counselling for children and young people's emotional health and well-being. This service provided care only for young people aged 10 and over. Referral criteria were not clear, the service only accepted referrals from healthcare staff and was not commissioned to work with families. Referrals exceeded contracted activity levels by over 400 clients and, at the time of the review, approximately 165 young people who had been referred to the health contract had not yet been allocated to a therapist. The triage process and arrangements for funding care for these clients were not clear. Reviewers were told that 'no-one was turned away' but it was not clear how this was achieved.

No service was commissioned for children aged five to ten who were not 'Looked After Children'. No interventions other than individual counselling were commissioned. In particular, no family support interventions were commissioned. A Local Authority funded service was available for 'Looked After Children' and intensive foster care placements were provided for 'out of area' children. The 'Solihull approach' was used for children aged under five.

3 Specialist services

Several aspects of the commissioning of specialist CAMH services were of concern to reviewers:

- a. The pathway of care for 'Looked After Children' was not clear. Reviewers were told that the Local Authority was commissioning a specialist (tier 3) service. If so, this service was not covered by this review and this report does not provide assurance that appropriate Quality Standards are being met.
- b. The 'Specialist Service' section of this report identifies issues which require commissioner attention:
 - i. Crisis response
 - ii. Links with Local Authority
 - iii. Facilities
 - iv. Learning disabilities team staffing levels
 - v. Review of care plans

- c. Children and young people did not have access to intensive home support and there were no plans for developing this.

Further Consideration

- 1 Reviewers suggested that service specifications could be clearer about the assessments and therapeutic interventions which services were expected to provide and those which they were not expected to provide.
- 2 The pathway of care for children and young people in crisis, including directing all urgent problems to the Emergency Department or paediatric ward and then 'specialing' of children admitted to paediatric wards by two mental health nurses, appeared very resource-intensive. Reviewers considered that joint work involving all relevant organisations could produce a better quality response at a reduced cost.
- 3 A multi-agency health and well-being group had started meeting but its work programme was not yet achieving the expected Quality Standards. Reviewers suggested that further work in this area may help to improve coordination between local services.

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APPENDIX 1 MEMBERSHIP OF VISITING TEAM

Visiting Team

Stephanie Andrews	CAMHS Access Manager	Worcestershire Health & Care NHS Trust
Alan Butler	CAMHS Programme Manager	Coventry City Council
Roger Cook	Senior Supplier Manager	NHS England
Dr Daya Fernandopulle	CAMHS Consultant	Birmingham Children's Hospital NHS Foundation Trust
Helen Jackson	Head of Occupational Therapy	Birmingham Children's Hospital NHS Foundation Trust
Kal Johal	Therapeutic Service Programme Manager	Murray Hall Community Trust
Dr Laura McGowan	Clinical Psychologist, Wolverhampton CAMHS	Black Country Partnership Foundation Trust
Dr Alastair Neale	Child Psychiatrist / Medical Director	Shropshire Community Health NHS Trust
Jonathan Stringer	Nurse Consultant	Dudley & Walsall Mental Health Partnership NHS Trust

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 varied 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	0	0
Targeted Service: The CLD Trust	39	32	82
Specialist Service: Together NHS Foundation Trust	51	23	45
Commissioning: NHS Herefordshire CCG and Herefordshire County Council	6	2	33
Health and Social Care Economy	100	57	57

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

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UNIVERSAL SERVICES

Ref	Standard	Met?	Comments
GA-101	<p>Information for Children, Young People and Families</p> <p>Information for children, young people and families should be available, covering at least:</p> <ol style="list-style-type: none"> Health promotion, including smoking cessation, health eating, weight management, exercise, alcohol use, sexual and reproductive health Promoting emotional health, well-being and resilience Information about common emotional well-being and mental health problems in children and young people Services available in the local care pathway, their role, eligibility criteria including ages of children seen, and how to access them 	N	Information for children, young people and families was in the process of being developed. Some information about services was available in schools, colleges and GP surgeries.
GA-201	<p>Training Programme</p> <p>A rolling programme of training should be run for staff working in universal services covering:</p> <ol style="list-style-type: none"> Promoting emotional health, well-being and resilience Problem recognition Strategies to use with children with emotional well-being or mental health problems When and how to access to advice, guidance and supervision (QS GA-202) 	N	A rolling programme of training was not yet in place. Some training for GPs, acute services and for social care staff had been delivered.
GA-202	<p>Access to Advice, Guidance and Supervision</p> <p>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.</p>	N	A primary mental health service for children and young people was not formalised. Schools were not clear about access to advice, guidance and supervision. The CAMHS service did provide a telephone advice service although arrangements for accessing this were not clear.
GA-501	<p>Guidelines</p> <p>Guidelines should be in use covering:</p> <ol style="list-style-type: none"> Promoting emotional health, well-being and resilience Advice and therapies for children and young people with less severe emotional well-being or mental health problems Services available in the local care pathway, their role and ages of children seen Indications and arrangements for urgent and routine referral to targeted or specialist CAMHS services and information to be sent with each referral Arrangements for access to telephone advice and guidance from targeted or specialist CAMHS services (QS GA-202) 	N	Referral pathways and guidelines lacked clarity around the local provision, partly due to the limited level of targeted services available.

TARGETED AND SPECIALIST CHILD & ADOLESCENT MENTAL HEALTH SERVICES

Ref	Standard	The CLD Trust		2gether NHS Foundation Trust	
		Met?	Comments	Met?	Comments
GR-101	<p>General Service Information</p> <p>Information for children, young people and families should be easily available covering:</p> <ul style="list-style-type: none"> 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	Information was available via the website and leaflets.	Y	A good information leaflet was available for children and young people with learning disabilities. Information was also accessible via the website.
GR-102	<p>Information for Children and Families Referred to the Service</p> <p>The service should offer children, young people and families referred to the service written information covering:</p> <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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		N	As QS GR-102. Limited information was available in a format suitable for young people with learning disabilities. The information that was seen by the reviewers was not available in an 'easy read' format.

Ref	Standard	The CLD Trust		2gether NHS Foundation Trust	
		Met?	Comments	Met?	Comments
GR-103	<p>Goal- and Problem-Specific Information</p> <p>Information for children, young people and families should be available covering, at least:</p> <ul style="list-style-type: none"> 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 	Y	Evidence of completed sessional goal-setting was seen in case notes. The policy and guidelines for participation were comprehensive about the information for young people.	N	Information available did not cover 'g' or 'h'. All other aspects of the Quality Standard were met.

Ref	Standard	The CLD Trust		2gether NHS Foundation Trust	
		Met?	Comments	Met?	Comments
GR-104	<p>Agreed Plan of Care</p> <p>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:</p> <ul style="list-style-type: none"> 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 <p>If required:</p> <ul style="list-style-type: none"> g. Crisis management plan h. Risk assessment and risk management plan i. Any cultural or religious implications for therapeutic interventions or settings 	Y	Policy and guidelines for participation included that all care and goals should be agreed by the client. Case notes were relatively simple but sufficient for the service offered.	Y	
GR-105	<p>Review of Agreed Plan of Care</p> <p>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.</p>	Y	Reviews were undertaken at the end of each session. A further review was undertaken at six weeks as to whether further interventions were needed.	N	Reviewers did not see clear evidence that goals were being reviewed for both the generic CAMHS and Learning Disabilities teams. The CPA (Care Programme Approach) policy documented that reviews should take place at a minimum of 12 months but the expected arrangements were not clear for those who were not on CPA.

Ref	Standard	The CLD Trust		2gether NHS Foundation Trust	
		Met?	Comments	Met?	Comments
GR-106	<p>Contact for Queries and Advice</p> <p>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.</p>	Y		N	Robust arrangements did not appear to be in place. In practice, service users usually contacted the person who they were seeing. Information at the bottom of all letters directed people to other services, for example, their GP or the Emergency Department. The arrangements for those with learning disabilities were clear.
GR-107	<p>Case Manager</p> <p>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.</p>	Y	The Quality Manager dealt with all referrals and was the nominated person for care coordination.	Y	Arrangement were in place for the generic and learning disabilities services.
GR-195	<p>Transition to Adult Services</p> <p>Young people choosing transition to the care of adult mental health services should be offered written information covering at least:</p> <ol style="list-style-type: none"> Their involvement in the decision about transfer and, with their agreement, involvement of their family or carer A joint meeting between CAMHS and adult services to plan the transfer A named coordinator for the transfer of care A preparation period prior to transfer Arrangements for monitoring during the time immediately after transfer 	N/A	Transition to adult services was rare.	N	Limited information was available for young people choosing to transition to adult services. All young people with complex needs were referred to Bristol. There was no adult ADHD (Attention Deficit Hyperactivity Disorder) service in Hereford. See also main report.

Ref	Standard	The CLD Trust		2gether NHS Foundation Trust	
		Met?	Comments	Met?	Comments
GR-196	<p>'Letting Go' Plan</p> <p>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:</p> <ul style="list-style-type: none"> 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		Y	The learning disability team sent clear letters direct to the young person.
GR-197	<p>General Support for Families and Carers</p> <p>Families and carers should have easy access to the following services and information about these services should be easily available:</p> <ul style="list-style-type: none"> a. Interpreter services, including British Sign Language b. Independent advocacy services c. Complaints procedures d. Social workers e. Benefits advice f. <i>HealthWatch</i> or equivalent organisation g. Relevant voluntary organisations providing support and advice 	N	A complaints policy was in place but evidence of links to other services was not clear.	N	Limited written information was available about this range of services.

Ref	Standard	The CLD Trust		2gether NHS Foundation Trust	
		Met?	Comments	Met?	Comments
GR-198	<p>Family and Carers' Needs</p> <p>Carers should be offered information on:</p> <ul style="list-style-type: none"> 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		N	Parents who met the visiting team were not aware of information that was available to them. Little information was available for those caring for people with learning disabilities, although the team did have plans to address this. The website had a parents' and carers' zone but this had a limited amount of information.
GR-199	<p>Involving Children, Young People and Families</p> <p>The service should have:</p> <ul style="list-style-type: none"> 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 	Y	See good practice section of main report.	N	The evidence provided from feedback questionnaires was not clear about actions taken. Further work was planned as part of the joint work with <i>The CLD Trust</i> . The learning disabilities team had held an event in October 2014 but examples of changes made as a result were not clear. Mechanisms were in place to receive other feedback from the Herefordshire carer support group.
GR-201	<p>Professional and Managerial Leads</p> <p>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.</p>	Y		Y	

Ref	Standard	The CLD Trust		2gether NHS Foundation Trust	
		Met?	Comments	Met?	Comments
GR-202	<p>Staffing Levels and Skill Mix</p> <p>Sufficient staff with appropriate competences should be available for the:</p> <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> 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 <p>An appropriate skill mix of staff should be available including, for specialist CAMHS:</p> <ol style="list-style-type: none"> 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 <p>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.</p>	Y	Compliance based on verbal information: Counsellors all had level 5+ qualifications. All counsellors were BACP (British Association for Counselling and Psychotherapy) registered. Policies were in place covering recruitment and selection and professional requirements for sessional counsellors.	N	See main report in relation to a) crisis response and b) staffing of the learning disability team.

Ref	Standard	The CLD Trust		2gether NHS Foundation Trust	
		Met?	Comments	Met?	Comments
GR-203	<p>Service Competences and Training Plan</p> <p>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.</p> <p>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:</p> <p>Targeted and Specialist CAMHS:</p> <p>At least four evidence-based interventions which the service is expected to provide which may include:</p> <ol style="list-style-type: none"> Cognitive behavioural therapy Parent counselling and parenting support Systemic family practice Interpersonal psychotherapy Formulation or solution-focused therapies <p>Specialist CAMHS only:</p> <ol style="list-style-type: none"> Pharmacological interventions Family therapy Dialectical behaviour therapy 	Y	Detailed evidence was not seen. The training and development policy covered organisational, commissioner led, personal interest, mandatory, safeguarding and professional training. Counsellors were all required to undertake CPD (Continuing Professional Development) for BACP (British Association for Counselling and Psychotherapy) registration.	Y	See main report (further consideration section) about maintenance of specialist competences. Compliance for the learning disabilities team was based on verbal information as it was not clear if the competence frameworks seen covered both the generic and learning disabilities teams.

Ref	Standard	The CLD Trust		2gether NHS Foundation Trust	
		Met?	Comments	Met?	Comments
GR-204	<p>Competences – All Health and Social Care Professionals</p> <p>All health and social care professionals working in the service should have competences appropriate to their role in:</p> <ul style="list-style-type: none"> 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 	Y	As QS GR-204	Y	
GR-205	<p>24 Hour Crisis Response (Specialist CAMHS only)</p> <p>The following staff should be available 24/7:</p> <ul style="list-style-type: none"> 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.

Ref	Standard	The CLD Trust		2gether NHS Foundation Trust	
		Met?	Comments	Met?	Comments
GR-206	<p>Pathway Leads</p> <p>Lead professionals for the following care pathways should be identified:</p> <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	The Quality Manager was the lead for all the pathways.	Y	See also main report about maintaining expertise in the relevant pathways.
GR-207	<p>Clinical and Managerial Supervision</p> <p>All practitioners should receive regular clinical and managerial supervision appropriate to their role.</p>	Y	Guidelines with external supervisors identified that all supervisors should be able to demonstrate knowledge and competence and access supervision.	Y	The process for the learning disabilities nurses was not clear from the evidence provided.
GR-299	<p>Administrative, Clerical and Data Collection Support</p> <p>Administrative, clerical and data collection support should be available.</p>	Y	Good data collection was in place, undertaken by the Quality Manager.	Y	The learning disabilities team had good administrative support.

Ref	Standard	The CLD Trust		2gether NHS Foundation Trust	
		Met?	Comments	Met?	Comments
GR-301	<p>Support Services</p> <p>Unless part of the team (QS GR-202), timely access to the following support services should be available:</p> <ul style="list-style-type: none"> a. Speech and language therapy service b. Dietetics c. Pharmacy d. Occupational therapy e. Substance misuse service f. Youth Offending Team 	Y	The Quality Manager would refer to other services if required.	N	The learning disabilities team did not have timely access to speech and language therapy or occupational therapy. See also comment at QS GR- 202. A joint post with the Youth Offender Team was in place.
GR-302	<p>Multi-Agency Teams</p> <p>The service should work as part of an appropriate range of multi-agency teams, including appropriate joint working with:</p> <ul style="list-style-type: none"> 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 	Y		N	Effective links with local authority teams were not evident. There were good links with the diabetes team.
GR-303	<p>Intensive Home Support (24/7) (Specialist CAMHS only)</p> <p>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.</p>	N/A		N	Access to intensive home support was not available.

Ref	Standard	The CLD Trust		2gether NHS Foundation Trust	
		Met?	Comments	Met?	Comments
GR-304	<p>Tier 4 CAMHS (Specialist CAMHS only)</p> <p>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.</p>	N/A		N	Admissions to Tier 4 CAMHS were low and, when required, were not available within reasonable travelling distance.
GR-401	<p>Facilities</p> <p>Facilities available should be appropriate for the assessment and therapeutic interventions offered by the service including:</p> <ol style="list-style-type: none"> Welcoming reception and waiting areas with age and developmentally appropriate toys and books Facilities appropriate for children and young people with learning disabilities or neuro-developmental disorders Separation from adult patients Appropriate rooms for individual and family consultations Facilities for videoing and observing consultations Systems for summoning help in an emergency Office space 	Y	The service ran late night sessions on Mondays and Saturday morning sessions in the community. Sessions would be run elsewhere for those who required disabled access.	N	See main report.
GR-402	<p>Equipment</p> <p>Timely access to equipment appropriate for the service provided should be available.</p>	N/A		Y	
GR-499	<p>IT System</p> <p>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.</p>	Y	<i>The CLD Trust</i> had a bespoke database and IT policy.	Y	Access to the RIO system was good and well utilised by both teams.

Ref	Standard	The CLD Trust		2gether NHS Foundation Trust	
		Met?	Comments	Met?	Comments
GR-501	<p>Screening and Referral Management Guidelines</p> <p>Guidelines on the management of referrals should be in use covering:</p> <ul style="list-style-type: none"> 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 	Y	The Quality Manager paper-screened all referrals and allocated service users to the appropriate person. Cover was available from the Chief Executive. All referrals were accepted.	Y	The CAPP model (the choice and partnership approach) was in place which included a duty system for screening of referrals.
GR-502	<p>Crisis Assessment (Specialist CAMHS only)</p> <p>Guidelines on crisis assessments should be in use covering at least:</p> <ul style="list-style-type: none"> a. Response to 'crisis' referrals: <ul style="list-style-type: none"> 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 (Qs GR-303 and 304) f. Handover to targeted, specialist, intensive home support or Tier 4 care 	N/A		N	See main report.

Ref	Standard	The CLD Trust		2gether NHS Foundation Trust	
		Met?	Comments	Met?	Comments
GR-503	<p>Initial Appointment Guidelines</p> <p>Initial appointment guidelines should be in use for the usual case mix of young people referred to the service covering:</p> <ol style="list-style-type: none"> Family and carer involvement in the assessment Urgent and routine appointments Identification of other agencies involved with the care of the young person Indications for multi-agency and /or multi-disciplinary discussion of the young person's Care Plan (QS GR-504) Recording the agreed goals, including life-style goals Risk assessment and management Use of diagnostic tools and validated assessment methods Range of therapeutic interventions available and indications for offering these to the young person alone, their parents and /or the family Agreement of the Care Plan with the young person and, where appropriate, their family Allocation of a Case Manager 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 were not yet in place though most of the information was covered by the flow chart. The policy and guidelines for participation covered: 'e,' 'g' (Session Rating Scale/Outcome Rating Scale scoring) and 'l'. In practice the evidence from the case files included the criteria as defined in the Quality Standard.	Y	The service used the CAPP model for initial appointments.

Ref	Standard	The CLD Trust		2gether NHS Foundation Trust	
		Met?	Comments	Met?	Comments
GR-504	<p>Multi-Agency and Multi-Disciplinary Discussion</p> <p>Guidelines should be in use covering the indications and arrangements for multi-agency and/or multi-disciplinary input to the:</p> <ul style="list-style-type: none"> 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 <p>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.</p>	N	Multi-agency and multi-disciplinary discussion guidelines were not yet in place. Monthly meetings with the CAMH service about service users requiring a 'step-up and step-down' level of intervention did take place.	N	The operational policy had a heading for these guidelines but did not yet include appropriate detail as expected by the Quality Standard.

Ref	Standard	The CLD Trust		2gether NHS Foundation Trust	
		Met?	Comments	Met?	Comments
GR-505	<p>Clinical Guidelines</p> <p>Guidelines should be in use covering the therapeutic management of at least the following care pathways:</p> <ul style="list-style-type: none"> 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 <p>Guidelines should cover at least:</p> <ul style="list-style-type: none"> 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 	N	No specific guidelines were in place.	N	Clinical guidelines were in place covering eating disorders, ASD (Autistic Spectrum Disorder) and ADHD (Attention Deficit Hyperactivity Disorder) pathways but not for other care pathways.

Ref	Standard	The CLD Trust		2gether NHS Foundation Trust	
		Met?	Comments	Met?	Comments
GR-506	<p>Physical Health Care</p> <p>Guidelines should be in use covering the identification and management of young people's physical health needs, including:</p> <ul style="list-style-type: none"> 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	No guidelines were in place. Physical health identification was included in initial assessment documentation.	N	<p>Guidelines covering the identification and management of young people's physical health needs were not in place except for some information in the pathways that had been developed (see QS GR- 505). The learning disabilities team relied on the paediatric service to identify and manage physical health needs of their clients.</p> <p>Some aspects of identification and management of physical health needs had been implemented following joint work with the paediatric diabetes service.</p>
GR-507	<p>Referral for Tier 4 Care (Specialist CAMHS only)</p> <p>Guidelines on referral for care by Tier 4 services should be in use covering:</p> <ul style="list-style-type: none"> 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		Y	National referral forms were in place which may benefit from being localised.

Ref	Standard	The CLD Trust		2gether NHS Foundation Trust	
		Met?	Comments	Met?	Comments
GR-508	<p>Children Awaiting Tier 4 Admission (Specialist CAMHS only)</p> <p>Local guidelines on the maintenance of children and young people awaiting admission to a Tier 4 bed should be in use covering:</p> <ul style="list-style-type: none"> 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	Arrangements were in place but guidelines on admission to the paediatric ward were not seen at the time of the visit. Staff who met with the visiting team said that there was an agreement that those who were aged 17 and over would be cared for on an adult ward.
GR-509	<p>Children and Young People at Particular Risk</p> <p>Protocols should be in use covering the care of children and young people at particular risk, including:</p> <ul style="list-style-type: none"> 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	A review of risks was completed at each session.	N	The safeguarding policy was not seen by reviewers. Some evidence from the Herefordshire Safeguarding Board was seen but this did not include information about the process for feedback to referrers.

Ref	Standard	The CLD Trust		2gether NHS Foundation Trust	
		Met?	Comments	Met?	Comments
GR-596	<p>Information Sharing</p> <p>Locally agreed information sharing guidelines should be in use covering:</p> <ul style="list-style-type: none"> 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		Y	
GR-597	<p>'Letting Go' Guidelines</p> <p>Guidelines on discharge from the service should be in use covering:</p> <ul style="list-style-type: none"> 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 	Y	Guidance was embedded in the care plan.	Y	Guidelines in the learning disabilities team could be clearer about the expected length of involvement.
GR-598	<p>Transition Guidelines</p> <p>Guidelines on transition of young people from targeted or specialist CAMH to adult mental health services should be in use covering, at least:</p> <ul style="list-style-type: none"> 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	Transition to adult services was rare.	N	Draft guidelines for the learning disabilities team were seen. Guidelines for the generic CAMH team were not yet in place.

Ref	Standard	The CLD Trust		2gether NHS Foundation Trust	
		Met?	Comments	Met?	Comments
GR-599	<p>General Policies</p> <p>Guidelines for the care of vulnerable children, young people and adults should be in use, in particular:</p> <ul style="list-style-type: none"> 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 	Y	c', 'e', 'f' and 'g' were not applicable.	Y	The consent document was comprehensive.

Ref	Standard	The CLD Trust		2gether NHS Foundation Trust	
		Met?	Comments	Met?	Comments
GR-601	<p>Operational Policy</p> <p>The service should have an operational policy describing the organisation of the service covering, at least:</p> <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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 (Qs GR-503) iv. Care Planning and Review of Care Plans (Qs 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) 	Y	The handbook covered the relevant aspects of the QS.	Y	The operational policy had recently been agreed and may benefit from further work to include more detail.

Ref	Standard	The CLD Trust		2gether NHS Foundation Trust	
		Met?	Comments	Met?	Comments
GR-602	<p>Participation in Local Planning and Coordination Group</p> <p>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).</p>	Y		Y	A Children and Young People's Partnership Steering Group met regularly and a half day event was scheduled to take place in January 2015.
GR-603	<p>Joint Working between Local CAMHS Services</p> <p>If targeted (Tier 2) and specialist (Tier 3) services are provided by separate teams, written arrangements should be in place covering:</p> <ol style="list-style-type: none"> a. Advice from the specialist CAMH service on: <ol style="list-style-type: none"> 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 <p>If specialist (Tier 3) services and intensive home support are provided by separate teams, written agreements should be in place covering:</p> <ol style="list-style-type: none"> 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 	Y	Meetings were held monthly and included a business and clinical component.	Y	Good joint working was in place with <i>The CLD Trust</i> . Monthly meetings were held to discuss any issues. The service and <i>The CLD Trust</i> were also engaged in the national children and young people's IAPT (Improving Access to Psychological Therapies) project.

Ref	Standard	The CLD Trust		2gether NHS Foundation Trust	
		Met?	Comments	Met?	Comments
GR-604	<p>Universal Services - Training Programme</p> <p>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.</p>	N/A	The service was not commissioned to contribute to a universal services training programme. Some Tier 1 project-specific training had been delivered by the service.	N	A rolling programme of training was not yet in place. Some training for GPs, acute services and social care had been delivered.
GR-605	<p>Regional Planning and Coordination</p> <p>A representative of the service should attend each meeting of the Regional Planning and Coordination Group (QS GZ-605).</p>	N/A		N	The service was not aware of the West Midlands Regional Group.
GR-606	<p>Liaison with Other Services (Specialist Services only)</p> <p>Review meetings to consider liaison arrangements and address any problems identified should be held at least annually with:</p> <ol style="list-style-type: none"> Acute and community paediatrics Child development services Social services including foster care and adoption Education and education support services Youth justice services 	N/A		N	Review meetings were not yet in place apart from meeting with acute paediatric services. Links with the local authority were not well developed. The learning disability team was co-located with the child development centre and so informal links were in place.

Ref	Standard	The CLD Trust		2gether NHS Foundation Trust	
		Met?	Comments	Met?	Comments
GR-701	<p>Data Collection</p> <p>Regular collection and monitoring of data should be in place, including:</p> <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> i. Response to 'crisis' referrals: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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	A good range of data were collected.	N	HONOS (Health of Nation Outcomes Scales) data were collected. Reviews of care plans did not take place routinely and so outcome data collection (f) was not robust.

Ref	Standard	The CLD Trust		2gether NHS Foundation Trust	
		Met?	Comments	Met?	Comments
GR-702	<p>Audit</p> <p>The services should have a rolling programme of audit of compliance with:</p> <ul style="list-style-type: none"> a. Appropriateness of referrals b. Evidence-based clinical guidelines (QS GR-500s) c. Standards of record keeping including recording for each young person: <ul style="list-style-type: none"> 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	The Quality Manager undertook 'spot' audits and audit data were included in commissioning reports. Weekly case note review process covered 'cii' - achievement of goals. Audits did not cover all the aspects of the Quality Standard.	N	The Trust had an annual audit plan but it was not clear which areas related to the CAMHS services.
GR-703	<p>Key Performance Indicators</p> <p>Key performance indicators (QS GR-701) should be reviewed regularly with Trust (or equivalent) management and with commissioners.</p>	Y	The service collected data and met the KPIs (Key Performance Indicators) set by the commissioner.	N	Performance management reporting was undertaken but this did not cover the key performance indicators as defined in the Quality Standards.
GR-798	<p>Multi-disciplinary Review and Learning</p> <p>The service should have multi-disciplinary arrangements for</p> <ul style="list-style-type: none"> 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	It was not clear that multidisciplinary review and learning was in place due to the way the service was organised, in particular number of flexible working arrangements. Counselling staff did not meet together for multi-disciplinary review and learning.	Y	
GR-799	<p>Document Control</p> <p>All policies, procedures and guidelines should comply with Trust (or equivalent) document control procedures.</p>	Y	Policies had headers and dates. Review dates could be clearer.	Y	

COMMISSIONING

		Herefordshire County Council and NHS Herefordshire Clinical Commissioning Group	
Ref	Standard	Met?	Comments
GZ-601	<p>Needs Assessment and Strategy</p> <p>The commissioner should have an up to date:</p> <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> 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	A needs assessment and strategy were in place but did not yet cover all aspects of the Quality Standard. Further work was planned between November and March 2015 to agree the strategy.
GZ-602	<p>Prevention and Early Intervention Programme</p> <p>A comprehensive prevention and early intervention programme from conception to five years should be commissioned including:</p> <ol style="list-style-type: none"> 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. 	Y	Antenatal and peri-natal provision was through joint working between maternity services and the Adult Recovery Team. The specialist CAMH service provided some support for under-fives, including parenting programmes and family psychotherapy. Local children's centres were commissioned by the Local Authority to deliver Triple P parenting programmes. The Health Visiting service also delivered some targeted preventive interventions.

		Herefordshire County Council and NHS Herefordshire Clinical Commissioning Group	
Ref	Standard	Met?	Comments
GZ-603	<p>Commissioning of Services</p> <p>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:</p> <ol style="list-style-type: none"> 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) <p>Commissioning of each service should specific:</p> <ol style="list-style-type: none"> 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: <ul style="list-style-type: none"> • 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 <p>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.</p>	N	See main report

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Ref	Standard	Met?	Comments
GZ-604	<p>Local Planning and Coordination Group</p> <p>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:</p> <ul style="list-style-type: none"> 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	An 'Emotional Well-being and Mental Health Group' had been running for one year, chaired by the local Authority. This group did not yet meet the requirements of the standards in terms of membership and remit.
GZ-605	<p>Regional Planning and Coordination Group</p> <p>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.</p>	N	Attendance at the West Midlands Regional Group was infrequent.
GZ-701	<p>Quality Monitoring</p> <p>The commissioner should monitor key performance indicators and aggregate data on activity and outcomes from the service at least annually.</p>	Y	

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