

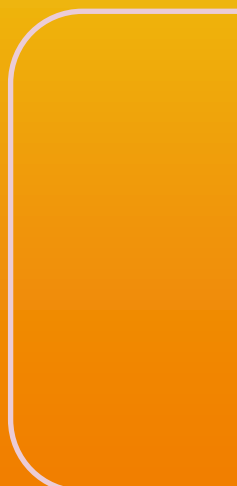
Towards Children and Young People's Emotional Health and Well-being

Worcestershire Health and Social Care Economy – Appendix 2

Visit Date: 23rd and 24th February 2015

Report Date: June 2015

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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	4	100
Targeted and Specialist Child & Adolescent Mental Health Services	184	73	40
Integrated Service for Looked After Children Team (ISL)	(43)	(18)	(42)
Worcestershire Health and Care NHS Trust: Targeted (Tier 2) CAMHS	(42)	(16)	(38)
Worcestershire Health and Care NHS Trust: Specialist CAMHS, including enhanced provision (Tier 3 & 3.5)	(51)	(16)	(31)
Worcestershire Health and Care NHS Trust: CAMHS Learning Disabilities Team	(48)	(23)	(48)
Commissioning	6	2	33
Health and Social Care Economy	194	79	41

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

Ref	Standard	Met?	Reviewer 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, healthy eating, weight management, exercise, alcohol use and sexual and reproductive health The promotion of 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 	Y	A good website was available which had been developed with involvement of service users.
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"> The promotion of 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) 	Y	
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>	Y	Advice was available from the Single Point of Access. Further guidance and supervision could be provided by Tier 2 Primary Mental Health Workers.

Ref	Standard	Met?	Reviewer Comments
GA-501	<p>Guidelines</p> <p>Guidelines should be in use covering:</p> <ul style="list-style-type: none"> a. The promotion of 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 CAMH services and information to be sent with each referral e. Arrangements for access to telephone advice and guidance from targeted or specialist CAMH services (QS GA-202) 	Y	<p>The Early Help Website covered 'a' and 'b'.</p> <p>Pathways were in place for Deliberate Self-Harm and Emotional Health and Wellbeing.</p>

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TARGETED AND SPECIALIST CHILD & ADOLESCENT MENTAL HEALTH SERVICES

Ref	Standard	Integrated Service for Looked After Children Team (ISL)		Worcestershire Health and Care NHS Trust Targeted (Tier 2) CAMHS	
		Met?	Reviewer Comments	Met?	Reviewer Comments
GR-101	<p>General Service Information</p> <p>Information for children, young people and families should be easily available covering:</p> <ol style="list-style-type: none"> Role of the service within the local care pathway and age of children and young people seen Organisation of the service, such as opening hours Options for home visits or therapeutic interventions in informal locations Staff and facilities available How to contact the service for help and advice, including out of hours 	N	The available information related to the service that was no longer in operation.	N	<p>The information available was generic and for Tier 2 & 3 services. Some information would be appropriate for clients after interventions were accessed.</p> <p>The option for home visits or therapeutic interventions in informal locations was in place but there was no supporting information for children, young people or families. Engaging with those using the service to help develop appropriate information may be useful.</p>
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> <ol style="list-style-type: none"> General service information (QS GR-101) Who they will see and what will happen at their first visit Consent and confidentiality, including: <ol style="list-style-type: none"> The implications of children and young people's competence and capacity to consent The child or young person's right to access information about themselves Safeguarding and the service's responsibility to report concerns The role of the case manager and how to request a different case manager 	N	An appointment letter was available, as were forms covering consent by parents and for those over 16 years old. No information covering the child or young person's right to access information about themselves was available. Information about safeguarding and the service's responsibility to report concerns was also not available for young people and families. Reviewers were told that other information was given verbally.	N	Information was not seen for 'ci' and there did not appear to be a system to check individual competence around consent, for example, those aged 12 to 15 years who may be 'Gillick' competent.

		Integrated Service for Looked After Children Team (ISL)		Worcestershire Health and Care NHS Trust Targeted (Tier 2) CAMHS	
Ref	Standard	Met?	Reviewer Comments	Met?	Reviewer 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> <ol style="list-style-type: none"> Support available to help them achieve their goals Brief description of their problem and its impact Possible complications and how to prevent these Non-pharmacological and pharmacological (specialist services only) therapeutic interventions offered by the service, including support for parenting Possible side-effects of therapeutic interventions Symptoms and action to take if unwell DVLA regulations and driving advice (if applicable) Health promotion, including normal child development, smoking cessation, healthy eating, weight management, exercise, alcohol use, sexual and reproductive health, and mental and emotional health and well-being Sources of further advice and information 	Y	A post visit audit of five sets of notes confirmed that this Quality Standard was met.	N	Information covering all aspects of the Quality Standards was not seen by reviewers.

		Integrated Service for Looked After Children Team (ISL)		Worcestershire Health and Care NHS Trust Targeted (Tier 2) CAMHS	
Ref	Standard	Met?	Reviewer Comments	Met?	Reviewer 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> <ol style="list-style-type: none"> Agreed goals, including life-style goals Self-management Planned therapeutic interventions and who will be delivering these Early warning signs of problems and what to do if these occur Planned review date and how to access a review more quickly, if necessary Name of case manager and how to contact them with queries or for advice If required: Crisis management plan Risk assessment and risk management plan Any cultural or religious implications for therapeutic interventions or settings 	Y	A post visit audit of five sets of notes confirmed that this Quality Standard was met.	N	Documentation showing agreed plans of care was not available at the time of the visit. Some information was included on the Single Point of Access (SPA) form which briefly covered managing risk (high/low).
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, their carer (where appropriate), 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>	N	A post visit audit of five sets of notes confirmed that support plans were reviewed every six months or at the end of any therapeutic intervention episodes but were not always communicated in writing. Information was verbally communicated.	N	See main report.

		Integrated Service for Looked After Children Team (ISL)		Worcestershire Health and Care NHS Trust Targeted (Tier 2) CAMHS	
Ref	Standard	Met?	Reviewer Comments	Met?	Reviewer Comments
GR-106	<p>Contact for Queries and Advice</p> <p>Each young person 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 times should be documented.</p>	Y	A post visit audit of five sets of notes confirmed that this Quality Standard was met.	Y	Advice was via the Single Point of Access team. It may be helpful to make this clearer to young people and their families.
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 or young person's GP, school and other agencies involved in their care.</p>	Y		Y	
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, the 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 	Y		Y	

		Integrated Service for Looked After Children Team (ISL)		Worcestershire Health and Care NHS Trust Targeted (Tier 2) CAMHS	
Ref	Standard	Met?	Reviewer Comments	Met?	Reviewer 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> <ol style="list-style-type: none"> Evaluation of achievement of agreed goals Care after discharge from the service (if any) Reintegration and return to normal activities Ongoing self-management and relapse prevention Possible problems and what to do if these occur, including, where appropriate, arrangements for easy re-access to the service Who to contact with queries or concerns 	N	A post visit audit of five sets of notes confirmed that plans were communicated verbally but not always communicated in writing.	N	'Letting go' plans were not yet in place although discharge letters for parents included the reason for closure.
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> <ol style="list-style-type: none"> Interpreter services, including British Sign Language Independent advocacy services Complaints procedures Social workers Benefits advice <i>HealthWatch</i> or equivalent organisation Relevant voluntary organisations providing support and advice 	N	Arrangements for access to 'b' and 'e' was not clear.	N	Information about complaints was covered on the CAMHS website but there was no information on HealthWatch. Information about relevant voluntary organisations did not appear to be readily available in all parts of the service.

		Integrated Service for Looked After Children Team (ISL)		Worcestershire Health and Care NHS Trust Targeted (Tier 2) CAMHS	
Ref	Standard	Met?	Reviewer Comments	Met?	Reviewer Comments
GR-198	<p>Families' 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	Information was provided by social workers.	N	Some information was available but it was not clear that information covering all aspects of this Quality Standard was routinely offered or was available in all waiting areas.
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 the feedback and involvement of children, young people and families 	Y		Y	
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 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>	N	At the time of the review the team was about to transfer to the management of the Worcestershire Health and Care NHS Trust and there were plans to appoint a lead manager after this transfer.	Y	

		Integrated Service for Looked After Children Team (ISL)		Worcestershire Health and Care NHS Trust Targeted (Tier 2) CAMHS	
Ref	Standard	Met?	Reviewer Comments	Met?	Reviewer 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"> Number of children and young people usually cared for by the service and the usual case mix Service's role in the care pathway, including case management Assessments and therapeutic interventions offered by the service, including support for parenting Achievement of expected timescales for assessments, therapeutic interventions and urgent review Intensive home support 24/7 (if provided by the service) Staff support and supervision Service's role in: <ol style="list-style-type: none"> Training programmes for universal services (QS GA-201) Advice, guidance and supervision for universal services (QS GA-202) Advice, guidance, supervision and training for targeted services (specialist services only) 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"> Psychological therapists and counsellors Nursing staff Clinical psychologists CAMH consultants Social care professionals 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>	N	<p>Staff who met the reviewing team considered that the service had insufficient staff for the number of children and young people for whom care was provided. Reviewers were told that 680 children and young people were known to the service. It was not clear how the demand and capacity of the team was monitored. At the time of the visit the team had 10 staff comprising two clinical psychologists (1.6 wte), three social workers (1.4 wte), one community and leisure worker, one 16+ practitioner, a named nurse for looked after children and administrative support. The team had just recruited to a mental health practitioner vacancy.</p>	N	<p>See main report in relation to staffing levels and waiting times.</p>

		Integrated Service for Looked After Children Team (ISL)		Worcestershire Health and Care NHS Trust Targeted (Tier 2) CAMHS	
Ref	Standard	Met?	Reviewer Comments	Met?	Reviewer 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. The competence framework and training plan should ensure appropriate staff are available to meet the needs of the usual case mix of children and young people for the service and the role of the service in the care pathways, including staff with competences in at least four evidence-based interventions that the service is expected to provide, which may include:</p> <p>Targeted and Specialist CAMHS:</p> <ul style="list-style-type: none"> a. Cognitive behavioural therapy b. Parent counselling and parenting support c. Systemic family practice d. Interpersonal psychotherapy e. Formulation or solution-focused therapies <p>Specialist Services only:</p> <ul style="list-style-type: none"> f. Pharmacological interventions g. Family therapy h. Dialectical behaviour therapy 	N	No overall competence framework or training plan was in place at the time of the review. Information on completion of mandatory training was not available to the visiting team.	N	No overall competence framework or training plan was in place at the time of the review. There were plans for the new service lead for psychological therapies to develop this. Information on completion of mandatory training was not available to the visiting team.

		Integrated Service for Looked After Children Team (ISL)		Worcestershire Health and Care NHS Trust Targeted (Tier 2) CAMHS	
Ref	Standard	Met?	Reviewer Comments	Met?	Reviewer 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	Reviewers did not see evidence on the visit so compliance is based on the Trust self-assessment.	Y	Reviewers did not see evidence on the visit so compliance is based on the Trust self-assessment.

		Integrated Service for Looked After Children Team (ISL)		Worcestershire Health and Care NHS Trust Targeted (Tier 2) CAMHS	
Ref	Standard	Met?	Reviewer Comments	Met?	Reviewer Comments
GR-205	<p>24 Hour Crisis Response (Specialist Services 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. An on call clinical manager 	N/A		N/A	

		Integrated Service for Looked After Children Team (ISL)		Worcestershire Health and Care NHS Trust Targeted (Tier 2) CAMHS	
Ref	Standard	Met?	Reviewer Comments	Met?	Reviewer Comments
GR-206	<p>Pathway Leads</p> <p>Lead professionals for the following care pathways should be identified:</p> <p>All Services:</p> <ul style="list-style-type: none"> a. Prevention and early intervention b. Looked After Children <p>Specialist Services only:</p> <ul style="list-style-type: none"> 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		N	As Tier 3 & 3.5 service.
GR-207	<p>Clinical and Managerial Supervision</p> <p>All practitioners should receive regular clinical and managerial supervision appropriate to their role.</p>	Y		N	Arrangements for clinical supervision covering all staff were not clear.

		Integrated Service for Looked After Children Team (ISL)		Worcestershire Health and Care NHS Trust Targeted (Tier 2) CAMHS	
Ref	Standard	Met?	Reviewer Comments	Met?	Reviewer Comments
GR-299	<p>Administrative, Clerical and Data Collection Support</p> <p>Administrative, clerical and data collection support should be available.</p>	Y	Administrative support was available but not support for data collection.	Y	
GR-301	<p>Support Services</p> <p>Unless these support services are provided by the team (QS GR-202), timely access to the following support services should be available:</p> <ol style="list-style-type: none"> Speech and language therapy service Dietetics Pharmacy Occupational therapy Substance misuse service Youth Offending Team 	N	It was not clear if children would have timely access to all of the support services. There was timely access to the Youth Offending Team.	Y	
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> <ol style="list-style-type: none"> Universal services including those provided by GPs, health visitors, school nurses, social services, children's centres and early years provision, teachers and youth workers Acute and community paediatrics Child development services Social services including foster care and adoption Education and education support services Youth justice services Adult mental health services with expertise in early intervention in psychosis Employment support agencies 	Y		Y	

		Integrated Service for Looked After Children Team (ISL)		Worcestershire Health and Care NHS Trust Targeted (Tier 2) CAMHS	
Ref	Standard	Met?	Reviewer Comments	Met?	Reviewer Comments
GR-303	<p>Intensive Home Support (24/7) (Specialist Services 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 CAMH services.</p>	N/A		N/A	
GR-304	<p>Tier 4 CAMHS (Specialist Services only)</p> <p>The service should have timely access to a Tier 4 CAMH 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/A	
GR-401	<p>Facilities</p> <p>Facilities available should be appropriate for the assessment and therapeutic interventions offered by the service and should include:</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	Compliance was is based on the service's self-assessment as reviewers did not visit facilities used by the team.	–	Facilities were not viewed during the review.
GR-402	<p>Equipment</p> <p>Timely access to equipment appropriate for the service provided should be available.</p>	Y	Compliance is based on the service's self-assessment.	Y	

		Integrated Service for Looked After Children Team (ISL)		Worcestershire Health and Care NHS Trust Targeted (Tier 2) CAMHS	
Ref	Standard	Met?	Reviewer Comments	Met?	Reviewer Comments
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 the care of their patients.</p>	N	All clinical records were held on 'Frameworki' and could not be shared with other services involved in the care of children and young people. Referral information was transferred from the Single Point of Access to clinical teams on paper rather than electronically. The team did not have access to a secure email system.	N	All clinical records were separate and could not be shared with other services involved in the care of children and young people. Referral information was transferred from the Single Point of Access to clinical teams on paper rather than electronically. Delays in supply of IT equipment were reported to reviewers.
GR-501	<p>Screening and Referral Management Guidelines</p> <p>Guidelines on the management of referrals should be in use covering:</p> <ol style="list-style-type: none"> Provision of advice to universal services Screening of referrals within one working day of receipt Risk assessment and urgent contact with those considered at high risk Responding to the family and referrer if referral considered inappropriate Arrangements for confirming demographic information and whether other agencies are involved Offering an appointment and requesting any additional information Looked After Children: Confirming with the responsible social work team that they are aware of and support the referral 	N	Guidelines covered 'b', 'c', 'e' and 'g', but not the provision of advice to universal services, responding if the referral was considered inappropriate. The offering of appointments for those referrals considered as routine was not explicit.	Y	

Ref	Standard	Integrated Service for Looked After Children Team (ISL)		Worcestershire Health and Care NHS Trust Targeted (Tier 2) CAMHS	
		Met?	Reviewer Comments	Met?	Reviewer Comments
GR-502	<p>Crisis Assessment Guidelines (Specialist Services 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 of request in urban areas (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/A	

		Integrated Service for Looked After Children Team (ISL)		Worcestershire Health and Care NHS Trust Targeted (Tier 2) CAMHS	
Ref	Standard	Met?	Reviewer Comments	Met?	Reviewer 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 their 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 GP and other agencies involved with their care 	N	Initial appointment guidelines were not yet in place. Reviewers were told that there was a six week wait for an initial appointment, though emergency consultation appointments were available within 2 weeks.	N	Standardised choice documentation was in place which covered the requirements of the Quality Standard. From the evidence seen, documenting agreed goals and risk assessment were not in place or were not documented.

		Integrated Service for Looked After Children Team (ISL)		Worcestershire Health and Care NHS Trust Targeted (Tier 2) CAMHS	
Ref	Standard	Met?	Reviewer Comments	Met?	Reviewer 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> <ol style="list-style-type: none"> Initial appointment Assessment process and Care Plan development Review of Care Plan 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	Guidelines were not yet in place. In practice, there was good multi-agency working between teams.	N	A policy for young people at risk of suicide was in place and included indications and arrangements for multi-disciplinary discussion. There was no evidence relating to other pathways.

		Integrated Service for Looked After Children Team (ISL)		Worcestershire Health and Care NHS Trust Targeted (Tier 2) CAMHS	
Ref	Standard	Met?	Reviewer Comments	Met?	Reviewer 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> <ol 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> <ol style="list-style-type: none"> l. Type and expected duration of therapeutic interventions offered m. Arrangements for multi-agency input to therapeutic interventions n. Shared care arrangements with other services o. Prescribing, including initial prescribing and monitoring arrangements p. Monitoring and follow up 	N	<p>The Team did not consider that clinical guidelines were relevant for the service. Reviewers considered that guidelines covering 'Looked After and Adopted Children' or 'Attachment Disorders' were relevant and should be in place. Guidelines on therapeutic interventions offered by the team should also be introduced.</p>	N	<p>No clinical guidelines were in place. An operational handbook did cover accepting of referrals.</p>

		Integrated Service for Looked After Children Team (ISL)		Worcestershire Health and Care NHS Trust Targeted (Tier 2) CAMHS	
Ref	Standard	Met?	Reviewer Comments	Met?	Reviewer Comments
GR-506	<p>Physical Health Care Guidelines</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, healthy eating, weight management, exercise, alcohol use and sexual and reproductive health b. Management of commonly occurring long-term conditions in liaison with the young person's GP and, if applicable, acute or community paediatrician 	N	Guidelines covering physical health were not available. Reviewers were told that the team contributed to the LAC (Looked After Children) health review process but the arrangements for this were not documented.	N	Reviewers were told that Trust-wide guidelines were in use but these were not available to be seen.
GR-507	<p>Referral for Tier 4 Care (Specialist Services 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		N/A	

		Integrated Service for Looked After Children Team (ISL)		Worcestershire Health and Care NHS Trust Targeted (Tier 2) CAMHS	
Ref	Standard	Met?	Reviewer Comments	Met?	Reviewer Comments
GR-508	<p>Children Awaiting Tier 4 Admission (Specialist Services 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> <ol style="list-style-type: none"> Location/s where care may be provided Circumstances under which a child will be admitted to these location/s Development and agreement of a plan for their care while awaiting a Tier 4 bed Support for staff while the child is in their care Review by an appropriate member of the specialist CAMH service at least every 12 hours Discussion with a Tier 4 consultant about the arrangements before admission and regularly during the child's stay Involvement of commissioners of Tier 4 care 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/A	

		Integrated Service for Looked After Children Team (ISL)		Worcestershire Health and Care NHS Trust Targeted (Tier 2) CAMHS	
Ref	Standard	Met?	Reviewer Comments	Met?	Reviewer Comments
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. Children and young people at risk of criminal activity b. Children and young people where there are safeguarding concerns c. Looked After Children d. Young people on the Care Programme Approach e. Young people on Community Treatment Orders f. Children and young people with Section 117 after-care requirements 	Y		Y	
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 	N	Local guidelines did not cover 'a'.	Y	

		Integrated Service for Looked After Children Team (ISL)		Worcestershire Health and Care NHS Trust Targeted (Tier 2) CAMHS	
Ref	Standard	Met?	Reviewer Comments	Met?	Reviewer Comments
GR-597	<p>'Letting Go' Guidelines</p> <p>Guidelines on discharge from the service should be in use, covering:</p> <ol style="list-style-type: none"> Involvement of the young person and family in planning the discharge Evaluation of achievement of agreed goals 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 Communicating the 'Letting Go' plan to the young person's GP and any other agencies involved in their care 	N	Guidelines on discharge from the team were not in place.	N	Interventions provided by the teams were for a specified time which did not usually exceed four weeks. Guidelines which ensured that all young people had a 'letting go' plan were not yet in place. Service managers believed that CAPA (Choice and Partnership Approach) guidelines were used.
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> <ol style="list-style-type: none"> Involvement of the young person and, where appropriate, their carer in planning the transfer of care Involvement of the young person's GP Joint meeting between CAMHS and adult services to plan the transfer Allocation of a named coordinator for the transfer of care A preparation period prior to transfer and, if appropriate, a period of shared care Arrangements for monitoring during the time immediately after transfer Care Programme Approach documentation (if applicable) 	Y		Y	Guidelines were in place although the team only provided short term interventions.

		Integrated Service for Looked After Children Team (ISL)		Worcestershire Health and Care NHS Trust Targeted (Tier 2) CAMHS	
Ref	Standard	Met?	Reviewer Comments	Met?	Reviewer 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		Y	

		Integrated Service for Looked After Children Team (ISL)		Worcestershire Health and Care NHS Trust Targeted (Tier 2) CAMHS	
Ref	Standard	Met?	Reviewer Comments	Met?	Reviewer 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> <ol 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: <ol style="list-style-type: none"> i. 24/7 crisis response (QS GR-205), including response to children and young people in Emergency Departments and acute paediatric settings 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, 105 503 & 504), including communication with referring services and GPs v. Responding to children's, young people's and families' queries or requests for advice by the end of the next working day (QS GR-106) vi. Liaison with paediatric in-patient services about the care of children and young people with mental health problems 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 any reason including, where appropriate, assertive approaches to engaging young people and families 	N	The service did not yet have an overall operational policy.	N	The service did not yet have an overall operational policy. The handbook covered some information about referrals.

		Integrated Service for Looked After Children Team (ISL)		Worcestershire Health and Care NHS Trust Targeted (Tier 2) CAMHS	
Ref	Standard	Met?	Reviewer Comments	Met?	Reviewer Comments
	<ul style="list-style-type: none"> g. Contingency plans if key performance indicators cannot be met (QS GR-703) h. Seeing children and young people without a family member present i. Providing assessments and therapeutic interventions in the home or informal locations j. 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) k. Care for children and young people from outside the local area who are placed locally l. Maintenance of equipment (QS GR-402) m. Responsibilities for IT systems (QS GR-499) 				
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 Young People’s Emotional Health and Well-Being Strategy (QS GZ-604).</p>	N	No local Planning and Coordination Group was running at the time of the review (see main report).	N	No local Planning and Coordination Group was running at the time of the review (see main report).

		Integrated Service for Looked After Children Team (ISL)		Worcestershire Health and Care NHS Trust Targeted (Tier 2) CAMHS	
Ref	Standard	Met?	Reviewer Comments	Met?	Reviewer Comments
GR-603	<p>Joint Working between Local CAMH 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> <ul style="list-style-type: none"> a. Advice from the specialist CAMH service on: <ul 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> <ul style="list-style-type: none"> e. Criteria for referral and handover of information between the services f. Indications and arrangements for joint discussion of the care of young people g. A joint meeting at least annually to review liaison between the services and address any problems identified 	N	Written arrangements were not yet in place. A pathway for Looked After Children did cover some aspects of the Quality Standard.	N	Joint working relationships with Targeted Services not provided by Worcestershire Health and Care Trust were not evident.
GR-604	<p>Universal Services – Training Programme</p> <p>The services should contribute to the rolling programme of training in promoting emotional health and well-being and the care of children with emotional well-being or mental health problems for local universal (Tier 1) services (QS GA-201).</p>	Y		Y	

		Integrated Service for Looked After Children Team (ISL)		Worcestershire Health and Care NHS Trust Targeted (Tier 2) CAMHS	
Ref	Standard	Met?	Reviewer Comments	Met?	Reviewer Comments
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/A	
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> <ul style="list-style-type: none"> a. Acute and community paediatrics b. Child development services c. Social services including foster care and adoption d. Education and education support services e. Youth justice services 	N/A		N/A	

		Integrated Service for Looked After Children Team (ISL)		Worcestershire Health and Care NHS Trust Targeted (Tier 2) CAMHS	
Ref	Standard	Met?	Reviewer Comments	Met?	Reviewer Comments
GR-701	<p>Data Collection</p> <p>Regular collection and monitoring of data should be in place, including data on:</p> <ul 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 screening, 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 (Specialist Services only) 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 (QS GR-703) 	N	Some data on numbers of children known to the service were collected via 'Framework!'.	N	

		Integrated Service for Looked After Children Team (ISL)		Worcestershire Health and Care NHS Trust Targeted (Tier 2) CAMHS	
Ref	Standard	Met?	Reviewer Comments	Met?	Reviewer 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 service did not have a rolling programme of audit as defined by the Quality Standard.	N	Reviewers did not see evidence of a rolling programme of audit.

		Integrated Service for Looked After Children Team (ISL)		Worcestershire Health and Care NHS Trust Targeted (Tier 2) CAMHS	
Ref	Standard	Met?	Reviewer Comments	Met?	Reviewer Comments
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> <p>Key performance indicators:</p> <p>a. Response to 'crisis' referrals:</p> <ul style="list-style-type: none"> • From Emergency Departments and Paediatric Assessment Units within 30 minutes of request in urban areas (60 minutes in rural areas) • Within four hours for all other requests <p>b. Screening of referrals and contact if considered at high risk within one working day</p> <p>c. Preliminary decisions of appropriateness and response to all referrals within five working days</p> <p>d. Initial appointment within a maximum of:</p> <ul style="list-style-type: none"> • Five working days of referral and sooner if indicated (urgent referrals) • Four weeks of referral (routine referrals) <p>e. Start of detailed assessment and/or therapeutic interventions within a maximum of four weeks of initial appointment</p>	N	<p>Some 'key performance indicators' were set by commissioners but these data were only provided on request.</p> <p>'a' was not applicable to the team.</p>	N	<p>Some 'key performance indicators' were set by commissioners but the data expected were not yet all being collected.</p>

		Integrated Service for Looked After Children Team (ISL)		Worcestershire Health and Care NHS Trust Targeted (Tier 2) CAMHS	
Ref	Standard	Met?	Reviewer Comments	Met?	Reviewer Comments
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 implementation of learning from positive feedback, complaints, outcomes, incidents, 'near misses' and children, young people and families who 'do not attend' b. Review of and implementation of learning from published scientific research and guidance c. Ongoing review and improvement of service quality, safety and efficiency 	N	Multi-disciplinary arrangements for review and learning were not yet in place.	N	It was not clear that established review and learning arrangements were in place.
GR-799	<p>Document Control</p> <p>All policies, procedures and guidelines should comply with Trust (or equivalent) document control procedures.</p>	N	Several of the documents seen by reviewers did not have appropriate document control.	N	Several of the documents seen by reviewers did not have appropriate document control, for example, care planning and risk assessment documentation.

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TARGETED AND SPECIALIST CHILD & ADOLESCENT MENTAL HEALTH SERVICES

Ref	Standard	Worcestershire Health and Care NHS Trust Specialist CAMHS, including enhanced provision (Tier 3 & 3.5)		Worcestershire Health and Care NHS Trust CAMHS Learning Disabilities Team	
		Met?	Reviewer Comments	Met?	Reviewer Comments
GR-101	<p>General Service Information</p> <p>Information for children, young people and families should be easily available covering:</p> <ol style="list-style-type: none"> Role of the service within the local care pathway and age of children and young people seen Organisation of the service, such as opening hours Options for home visits or therapeutic interventions in informal locations Staff and facilities available How to contact the service for help and advice, including out of hours 	Y	A good website was available which had been developed with involvement of service users.	Y	Appropriate leaflets were available. There was also good use of a visual social story with photographs of the building and staff and a brief explanation of what would happen at the appointment.

		Worcestershire Health and Care NHS Trust Specialist CAMHS, including enhanced provision (Tier 3 & 3.5)		Worcestershire Health and Care NHS Trust CAMHS Learning Disabilities Team	
Ref	Standard	Met?	Reviewer Comments	Met?	Reviewer Comments
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> <ol 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: <ol style="list-style-type: none"> i. The implications of children and young people's competence and capacity to consent ii. 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 	N	<p>A 'Choice' appointment letter was available and leaflets were sent with this letter which covered consent. The service asked potential clients to complete an on-line questionnaire (presumably a 'strengths and difficulties' questionnaire also covered consent). No information about safeguarding and the service's responsibility to report concerns was available for young people and families. Reviewers were told that a leaflet on this was being developed and that any safeguarding concerns identified by the Single Point of Access were acted upon.</p>	Y	<p>A 'Choice' appointment letter was available and leaflets were sent with this letter which covered consent. Limits of confidentiality were explained at the start of the Choice appointment and at the start of Partnership work. There was also good use of a visual social story with photographs of the building. Staff and a brief explanation of what would happen at the appointment.</p>

		Worcestershire Health and Care NHS Trust Specialist CAMHS, including enhanced provision (Tier 3 & 3.5)		Worcestershire Health and Care NHS Trust CAMHS Learning Disabilities Team	
Ref	Standard	Met?	Reviewer Comments	Met?	Reviewer 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. Non-pharmacological and pharmacological (specialist services only) 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, healthy 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	Reviewers did not see any health promotion information except in some clients' notes. Consistent provision of health promotion information was not evident.	N	Goal and problem-specific information was not always specific for children and young people and did not appear to cover issues around personal conduct.

Ref	Standard	Worcestershire Health and Care NHS Trust Specialist CAMHS, including enhanced provision (Tier 3 & 3.5)		Worcestershire Health and Care NHS Trust CAMHS Learning Disabilities Team	
		Met?	Reviewer Comments	Met?	Reviewer 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> <ol style="list-style-type: none"> Agreed goals, including life-style goals Self-management Planned therapeutic interventions and who will be delivering these Early warning signs of problems and what to do if these occur Planned review date and how to access a review more quickly, if necessary Name of case manager and how to contact them with queries or for advice if required: Crisis management plan Risk assessment and risk management plan Any cultural or religious implications for therapeutic interventions or settings 	N	See main report.	N	See main report.
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, their carer (where appropriate), 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>	N	See main report.	N	See main report.

		Worcestershire Health and Care NHS Trust Specialist CAMHS, including enhanced provision (Tier 3 & 3.5)		Worcestershire Health and Care NHS Trust CAMHS Learning Disabilities Team	
Ref	Standard	Met?	Reviewer Comments	Met?	Reviewer Comments
GR-106	<p>Contact for Queries and Advice</p> <p>Each young person 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 times should be documented.</p>	Y	Advice was via the Single Point of Access team. It may be helpful to make this clearer to young people and their families.	Y	
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 or young person's GP, school and other agencies involved in their care.</p>	N	Families who met the visiting team all felt they had an allocated case manager but this was not clearly identified on any of case files seen by reviewers.	Y	
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, the 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 	Y		N	Transition of young people with learning disabilities and mental health problems did not appear to follow the Trust policy. Reviewers were told that, in practice, adult services were not usually involved until the young person was 18 years of age and therefore the transition process did not start until 6 months before their 18th birthday.

		Worcestershire Health and Care NHS Trust Specialist CAMHS, including enhanced provision (Tier 3 & 3.5)		Worcestershire Health and Care NHS Trust CAMHS Learning Disabilities Team	
Ref	Standard	Met?	Reviewer Comments	Met?	Reviewer 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> <ol style="list-style-type: none"> Evaluation of achievement of agreed goals Care after discharge from the service (if any) Reintegration and return to normal activities Ongoing self-management and relapse prevention Possible problems and what to do if these occur, including, where appropriate, arrangements for easy re-access to the service Who to contact with queries or concerns 	N	<p>'Letting go' (including points a-f) was discussed in clinic and documented in letters to families. However, there was no standard documentation for this and it was not clear that staff were covering all of the points all of the time. Also, evaluation of achievement of agreed goals could not be achieved because goals were not clearly identified and documented.</p>	N	<p>'Letting go' plans were not yet in place although discharge letters for parents included the reason for closure.</p>
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> <ol style="list-style-type: none"> Interpreter services, including British Sign Language Independent advocacy services Complaints procedures Social workers Benefits advice <i>HealthWatch</i> or equivalent organisation Relevant voluntary organisations providing support and advice 	N	<p>Parents who met the visiting team said that they felt well supported but most had not been signposted to other services (such as benefits advice or HealthWatch). Information about complaints was covered on the website but there was no information on HealthWatch. Information about relevant voluntary organisations did not appear to be readily available in all parts of the service.</p>	Y	

		Worcestershire Health and Care NHS Trust Specialist CAMHS, including enhanced provision (Tier 3 & 3.5)		Worcestershire Health and Care NHS Trust CAMHS Learning Disabilities Team	
Ref	Standard	Met?	Reviewer Comments	Met?	Reviewer Comments
GR-198	<p>Families' and Carers' Needs</p> <p>Carers should be offered information on:</p> <ol style="list-style-type: none"> How to access an assessment of their own needs What to do in an emergency Services available to provide support, including for other children in the family 	N	Some information was available but it was not clear that information covering all aspects of this Quality Standard was routinely offered or was available in all waiting areas.	N	Advice on what to do in an emergency was not clear. Other aspects of the Quality Standard were met.
GR-199	<p>Involving Children, Young People and Families</p> <p>The service should have:</p> <ol style="list-style-type: none"> Mechanisms for receiving regular feedback from children, young people and families about the therapies and care they receive Mechanisms for involving children, young people and families in decisions about the organisation of the service Examples of changes made as a result of the feedback and involvement of children, young people and families 	Y		Y	
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 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	

		Worcestershire Health and Care NHS Trust Specialist CAMHS, including enhanced provision (Tier 3 & 3.5)		Worcestershire Health and Care NHS Trust CAMHS Learning Disabilities Team	
Ref	Standard	Met?	Reviewer Comments	Met?	Reviewer 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"> Number of children and young people usually cared for by the service and the usual case mix Service's role in the care pathway, including case management Assessments and therapeutic interventions offered by the service, including support for parenting Achievement of expected timescales for assessments, therapeutic interventions and urgent review Intensive home support 24/7 (if provided by the service) Staff support and supervision Service's role in: <ol style="list-style-type: none"> Training programmes for universal services (QS GA-201) Advice, guidance and supervision for universal services (QS GA-202) Advice, guidance, supervision and training for targeted services (specialist services only) 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"> Psychological therapists and counsellors Nursing staff Clinical psychologists CAMH consultants Social care professionals 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>	N	See main report in relation to staffing levels and waiting times.	Y	Staffing appeared to be sufficient for the workload of the team. Reviewers suggested that a skill mix review may be helpful looking, in particular, at the future needs of the service, including psychiatric support.

		Worcestershire Health and Care NHS Trust Specialist CAMHS, including enhanced provision (Tier 3 & 3.5)		Worcestershire Health and Care NHS Trust CAMHS Learning Disabilities Team	
Ref	Standard	Met?	Reviewer Comments	Met?	Reviewer 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. The competence framework and training plan should ensure appropriate staff are available to meet the needs of the usual case mix of children and young people for the service and the role of the service in the care pathways, including staff with competences in at least four evidence-based interventions that the service is expected to provide, which may include:</p> <p>Targeted and Specialist CAMHS:</p> <ul style="list-style-type: none"> a. Cognitive behavioural therapy b. Parent counselling and parenting support c. Systemic family practice d. Interpersonal psychotherapy e. Formulation or solution-focused therapies <p>Specialist Services only:</p> <ul style="list-style-type: none"> f. Pharmacological interventions g. Family therapy h. Dialectical behaviour therapy 	N	No overall competence framework or training plan was in place at the time of the review. There were plans for the new service lead for psychological therapies to develop this. Information on completion of mandatory training was not available to the visiting team.	N	No overall competence framework or training plan was in place at the time of the review. There were plans for the new service lead for psychological therapies to develop this. Information on completion of mandatory training was not available to the visiting team.

		Worcestershire Health and Care NHS Trust Specialist CAMHS, including enhanced provision (Tier 3 & 3.5)		Worcestershire Health and Care NHS Trust CAMHS Learning Disabilities Team	
Ref	Standard	Met?	Reviewer Comments	Met?	Reviewer 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	Reviewers did not see evidence on the visit so compliance is based on the Trust self-assessment.	Y	Reviewers did not see evidence on the visit so compliance is based on the Trust self-assessment.

		Worcestershire Health and Care NHS Trust Specialist CAMHS, including enhanced provision (Tier 3 & 3.5)		Worcestershire Health and Care NHS Trust CAMHS Learning Disabilities Team	
Ref	Standard	Met?	Reviewer Comments	Met?	Reviewer Comments
GR-205	<p>24 Hour Crisis Response (Specialist Services 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. An on call clinical manager 	N	See main report.	N	Arrangements with other specialist CAMHS teams to provide crisis support for children and young people with learning disabilities and mental health problems were not clear. The Learning Disabilities team did not provide a 24 hour crisis response service.

Ref	Standard	Worcestershire Health and Care NHS Trust Specialist CAMHS, including enhanced provision (Tier 3 & 3.5)		Worcestershire Health and Care NHS Trust CAMHS Learning Disabilities Team	
		Met?	Reviewer Comments	Met?	Reviewer Comments
GR-206	<p>Pathway Leads</p> <p>Lead professionals for the following care pathways should be identified:</p> <p>All Services:</p> <ul style="list-style-type: none"> a. Prevention and early intervention b. Looked After Children <p>Specialist Services only:</p> <ul style="list-style-type: none"> 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 	N	Leads were identified for some pathways but it was not clear that these covered the whole service. Pathways of care and leadership responsibilities had become less clear as staffing levels had reduced.	Y	
GR-207	<p>Clinical and Managerial Supervision</p> <p>All practitioners should receive regular clinical and managerial supervision appropriate to their role.</p>	N	Some staff had weekly supervision but others had not had clinical or managerial supervision since September 2014 and, in one case, October 2013.	Y	

		Worcestershire Health and Care NHS Trust Specialist CAMHS, including enhanced provision (Tier 3 & 3.5)		Worcestershire Health and Care NHS Trust CAMHS Learning Disabilities Team	
Ref	Standard	Met?	Reviewer Comments	Met?	Reviewer Comments
GR-299	<p>Administrative, Clerical and Data Collection Support</p> <p>Administrative, clerical and data collection support should be available.</p>	N	Administrative support was available but not support for data collection. Clinical staff were inputting information on contacts but much of the data expected by the Qs was not being collected.	N	Administrative support was available for the north team but not support for data collection. This QS was met for the south team.
GR-301	<p>Support Services</p> <p>Unless these support services are provided by the team (QS GR-202), timely access to the following support services should be available:</p> <ol style="list-style-type: none"> Speech and language therapy service Dietetics Pharmacy Occupational therapy Substance misuse service Youth Offending Team 	Y	Case notes seen by reviewers provided evidence of referrals to these services. It was not clear that dietician support was sufficient for the care of young people with eating disorders. A 'youth offending worker' was based with the Youth Offending Team but did not have ongoing involvement with the CAMH service, other than an occasional duty day on the Single Point of Access. Supervision for this worker was through adult mental health services.	Y	

		Worcestershire Health and Care NHS Trust Specialist CAMHS, including enhanced provision (Tier 3 & 3.5)		Worcestershire Health and Care NHS Trust CAMHS Learning Disabilities Team	
Ref	Standard	Met?	Reviewer Comments	Met?	Reviewer Comments
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> <ol style="list-style-type: none"> Universal services including those provided by GPs, health visitors, school nurses, social services, children's centres and early years provision, teachers and youth workers Acute and community paediatrics Child development services Social services including foster care and adoption Education and education support services Youth justice services Adult mental health services with expertise in early intervention in psychosis Employment support agencies 	N	An 'Umbrella Pathway' was in place for young people with neuro-developmental disorders. The arrangements for multi-agency working for other disorders were not clear. There was no evidence of an effective interface with the Early Intervention in Psychosis team.	Y	
GR-303	<p>Intensive Home Support (24/7) (Specialist Services 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 CAMH services.</p>	N	The 'Tier 3 plus' service was available 9 am to 5pm Monday to Friday for young people in hospital in Worcestershire. See also Specialist team (3+) further consideration 1.	N/A	

		Worcestershire Health and Care NHS Trust Specialist CAMHS, including enhanced provision (Tier 3 & 3.5)		Worcestershire Health and Care NHS Trust CAMHS Learning Disabilities Team	
Ref	Standard	Met?	Reviewer Comments	Met?	Reviewer Comments
GR-304	<p>Tier 4 CAMHS (Specialist Services only)</p> <p>The service should have timely access to a Tier 4 CAMH 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	Timely access to tier 4 CAMHS was sometimes available but there were sometimes delays. Local services did not appear to recognise the expected 'lead time' for a CAMHS Tier 4 bed and were not collecting data on whether or not this was exceeded. Some difficulties in accessing specialist social care placements were reported to reviewers.	N	Local services did not appear to be aware of Tier 4 beds available for children and young people with learning disabilities and mental health problems.
GR-401	<p>Facilities</p> <p>Facilities available should be appropriate for the assessment and therapeutic interventions offered by the service and should include:</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 	N	See main report.	Y	Compliance was based on self-assessment as facilities were not visited during the review visit.
GR-402	<p>Equipment</p> <p>Timely access to equipment appropriate for the service provided should be available.</p>	Y		Y	

		Worcestershire Health and Care NHS Trust Specialist CAMHS, including enhanced provision (Tier 3 & 3.5)		Worcestershire Health and Care NHS Trust CAMHS Learning Disabilities Team	
Ref	Standard	Met?	Reviewer Comments	Met?	Reviewer Comments
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 the care of their patients.</p>	N	<p>The patient records system in use at the time of the review was considered to be unsuitable and was being replaced as part of a Trust-wide strategy. NHS.net was available, although it was not clear that this was always used. All clinical records were separate and separately held. Referral information was transferred from the Single Point of Access to clinical teams on paper rather than electronically.</p> <p>Delays in supply of IT equipment were reported to reviewers.</p>	N	<p>The patient records system in use at the time of the review was considered to be unsuitable and was being replaced as part of a Trust-wide strategy. NHS.net was available, although it was not clear that this was always used. Each team held separate clinical records. Referral information was transferred from the Single Point of Access to clinical teams on paper rather than electronically.</p> <p>Delays in supply of IT equipment were reported to reviewers.</p>

Ref	Standard	Worcestershire Health and Care NHS Trust Specialist CAMHS, including enhanced provision (Tier 3 & 3.5)		Worcestershire Health and Care NHS Trust CAMHS Learning Disabilities Team	
		Met?	Reviewer Comments	Met?	Reviewer 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		Y	

		Worcestershire Health and Care NHS Trust Specialist CAMHS, including enhanced provision (Tier 3 & 3.5)		Worcestershire Health and Care NHS Trust CAMHS Learning Disabilities Team	
Ref	Standard	Met?	Reviewer Comments	Met?	Reviewer Comments
GR-502	<p>Crisis Assessment Guidelines (Specialist Services 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 of request in urban areas (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	An urgent care pathway was in place but there were no other documented clinical guidelines.	N	An urgent care pathway was in place but this did not cover children and young people with learning disabilities and mental health problems.

		Worcestershire Health and Care NHS Trust Specialist CAMHS, including enhanced provision (Tier 3 & 3.5)		Worcestershire Health and Care NHS Trust CAMHS Learning Disabilities Team	
Ref	Standard	Met?	Reviewer Comments	Met?	Reviewer 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"> 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 their 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 GP and other agencies involved with their care 	N	Standardised choice documentation was in place which covered the requirements of the Quality Standard. From the evidence seen, documenting agreed goals and risk assessment were not in place or were not documented.	Y	Standardised choice documentation was in place which covered the requirements of the Quality Standard. Several different risk assessment forms were in use.

		Worcestershire Health and Care NHS Trust Specialist CAMHS, including enhanced provision (Tier 3 & 3.5)		Worcestershire Health and Care NHS Trust CAMHS Learning Disabilities Team	
Ref	Standard	Met?	Reviewer Comments	Met?	Reviewer 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> <ol style="list-style-type: none"> Initial appointment Assessment process and Care Plan development Review of Care Plan 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	A policy for young people at risk of suicide was in place and included indications and arrangements for multi-disciplinary discussion. There was no evidence relating to other pathways although reviewers were told that complex cases were often discussed at team meetings.	N	Guidelines covering indications for multi-agency or multi-disciplinary discussion were not yet in place.

Ref	Standard	Worcestershire Health and Care NHS Trust Specialist CAMHS, including enhanced provision (Tier 3 & 3.5)		Worcestershire Health and Care NHS Trust CAMHS Learning Disabilities Team	
		Met?	Reviewer Comments	Met?	Reviewer 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"> l. Type and expected duration of therapeutic interventions offered m. Arrangements for multi-agency input to therapeutic interventions n. Shared care arrangements with other services o. Prescribing, including initial prescribing and monitoring arrangements p. Monitoring and follow up 	N	Care pathways were in place for b, c, d, e, f, h and j but not yet for attachment or trauma.	N	Care pathways were in place for b, c, d, e, f, h and j but not yet for attachment or trauma.

		Worcestershire Health and Care NHS Trust Specialist CAMHS, including enhanced provision (Tier 3 & 3.5)		Worcestershire Health and Care NHS Trust CAMHS Learning Disabilities Team	
Ref	Standard	Met?	Reviewer Comments	Met?	Reviewer Comments
GR-506	<p>Physical Health Care Guidelines</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, healthy eating, weight management, exercise, alcohol use and sexual and reproductive health b. Management of commonly occurring long-term conditions in liaison with the young person’s GP and, if applicable, acute or community paediatrician 	N	Reviewers were told that Trust-wide guidelines were in use but these were not available to be seen.	N	Reviewers were told that Trust-wide guidelines were in use but these were not available to be seen.
GR-507	<p>Referral for Tier 4 Care (Specialist Services 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 	Y		N	The team was not aware of the Tier 4 beds which are available for children and young people with learning disabilities and mental health problems.

		Worcestershire Health and Care NHS Trust Specialist CAMHS, including enhanced provision (Tier 3 & 3.5)		Worcestershire Health and Care NHS Trust CAMHS Learning Disabilities Team	
Ref	Standard	Met?	Reviewer Comments	Met?	Reviewer Comments
GR-508	<p>Children Awaiting Tier 4 Admission (Specialist Services 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> <ol style="list-style-type: none"> Location/s where care may be provided Circumstances under which a child will be admitted to these location/s Development and agreement of a plan for their care while awaiting a Tier 4 bed Support for staff while the child is in their care Review by an appropriate member of the specialist CAMH service at least every 12 hours Discussion with a Tier 4 consultant about the arrangements before admission and regularly during the child's stay Involvement of commissioners of Tier 4 care 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 referral pathway was in place but this did not cover care of children and young people awaiting admission to a Tier 4 bed.	N	A referral pathway was in place but this did not cover children and young people with learning disabilities or care of children and young people awaiting admission to a Tier 4 bed.

Ref	Standard	Worcestershire Health and Care NHS Trust Specialist CAMHS, including enhanced provision (Tier 3 & 3.5)		Worcestershire Health and Care NHS Trust CAMHS Learning Disabilities Team	
		Met?	Reviewer Comments	Met?	Reviewer Comments
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. Children and young people at risk of criminal activity b. Children and young people where there are safeguarding concerns c. Looked After Children d. Young people on the Care Programme Approach e. Young people on Community Treatment Orders f. Children and young people with Section 117 after-care requirements 	Y		Y	
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	

		Worcestershire Health and Care NHS Trust Specialist CAMHS, including enhanced provision (Tier 3 & 3.5)		Worcestershire Health and Care NHS Trust CAMHS Learning Disabilities Team	
Ref	Standard	Met?	Reviewer Comments	Met?	Reviewer Comments
GR-597	<p>'Letting Go' Guidelines</p> <p>Guidelines on discharge from the service should be in use, covering:</p> <ol style="list-style-type: none"> Involvement of the young person and family in planning the discharge Evaluation of achievement of agreed goals 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 Communicating the 'Letting Go' plan to the young person's GP and any other agencies involved in their care 	N	<p>Workshops for staff had been run and reviewers were told that CAPA advice was used and goal-based outcomes were monitored. As QS GR-196.</p> <p>Service managers believed that CAPA (Choice and Partnership Approach) guidelines were used.</p>	N	No specific guidelines were in place but, in practice, families were involved in planning discharge from the service.
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> <ol style="list-style-type: none"> Involvement of the young person and, where appropriate, their carer in planning the transfer of care Involvement of the young person's GP Joint meeting between CAMHS and adult services to plan the transfer Allocation of a named coordinator for the transfer of care A preparation period prior to transfer and, if appropriate, a period of shared care Arrangements for monitoring during the time immediately after transfer Care Programme Approach documentation (if applicable) 	Y	Guidelines were in place although it was not clear that these were fully implemented (see main report).	Y	

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		Met?	Reviewer Comments	Met?	Reviewer 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		Y	

		Worcestershire Health and Care NHS Trust Specialist CAMHS, including enhanced provision (Tier 3 & 3.5)		Worcestershire Health and Care NHS Trust CAMHS Learning Disabilities Team	
Ref	Standard	Met?	Reviewer Comments	Met?	Reviewer 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> <ol 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: <ol style="list-style-type: none"> i. 24/7 crisis response (QS GR-205), including response to children and young people in Emergency Departments and acute paediatric settings 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, 105 503 & 504), including communication with referring services and GPs v. Responding to children's, young people's and families' queries or requests for advice by the end of the next working day (QS GR-106) vi. Liaison with paediatric in-patient services about the care of children and young people with mental health problems 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 any reason including, where appropriate, assertive approaches to engaging young people and families 	N	The service did not yet have an overall operational policy.	N	The service did not yet have an overall operational policy.

		Worcestershire Health and Care NHS Trust Specialist CAMHS, including enhanced provision (Tier 3 & 3.5)		Worcestershire Health and Care NHS Trust CAMHS Learning Disabilities Team	
Ref	Standard	Met?	Reviewer Comments	Met?	Reviewer Comments
	<ul style="list-style-type: none"> g. Contingency plans if key performance indicators cannot be met (QS GR-703) h. Seeing children and young people without a family member present i. Providing assessments and therapeutic interventions in the home or informal locations j. 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) k. Care for children and young people from outside the local area who are placed locally l. Maintenance of equipment (QS GR-402) m. Responsibilities for IT systems (QS GR-499) 				
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 Young People's Emotional Health and Well-Being Strategy (QS GZ-604).</p>	N	No local Planning and Coordination Group was running at the time of the review (see main report).	N	No local Planning and Coordination Group was running at the time of the review (see main report).

Ref	Standard	Worcestershire Health and Care NHS Trust Specialist CAMHS, including enhanced provision (Tier 3 & 3.5)		Worcestershire Health and Care NHS Trust CAMHS Learning Disabilities Team	
		Met?	Reviewer Comments	Met?	Reviewer Comments
GR-603	<p>Joint Working between Local CAMH 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"> e. Criteria for referral and handover of information between the services f. Indications and arrangements for joint discussion of the care of young people g. A joint meeting at least annually to review liaison between the services and address any problems identified 	N	Joint working relationships with Targeted Services not provided by Worcestershire Health and Care Trust were not evident.	N/A	
GR-604	<p>Universal Services – Training Programme</p> <p>The services should contribute to the rolling programme of training in promoting emotional health and well-being and the care of children with emotional well-being or mental health problems for local universal (Tier 1) services (QS GA-201).</p>	Y		Y	

		Worcestershire Health and Care NHS Trust Specialist CAMHS, including enhanced provision (Tier 3 & 3.5)		Worcestershire Health and Care NHS Trust CAMHS Learning Disabilities Team	
Ref	Standard	Met?	Reviewer Comments	Met?	Reviewer Comments
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>	Y		N/A	Representatives of the generic tier 3 service attended regional meetings and communicated with the Learning Disabilities team as appropriate.
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	Some arrangements for liaison were in place. In particular, there were quarterly meetings covering the care of children and young people with urgent mental health needs. These meetings did not cover other pathways of care.	Y	

		Worcestershire Health and Care NHS Trust Specialist CAMHS, including enhanced provision (Tier 3 & 3.5)		Worcestershire Health and Care NHS Trust CAMHS Learning Disabilities Team	
Ref	Standard	Met?	Reviewer Comments	Met?	Reviewer Comments
GR-701	<p>Data Collection</p> <p>Regular collection and monitoring of data should be in place, including data on:</p> <ul 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 screening, 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 (Specialist Services only) 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 (QS GR-703) 	N	See main report	N	Data were collected but there was limited evidence of monitoring by the team.

		Worcestershire Health and Care NHS Trust Specialist CAMHS, including enhanced provision (Tier 3 & 3.5)		Worcestershire Health and Care NHS Trust CAMHS Learning Disabilities Team	
Ref	Standard	Met?	Reviewer Comments	Met?	Reviewer 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	Reviewers did not see evidence of a rolling programme of audit.	N	Reviewers did not see evidence of a rolling programme of audit.

		Worcestershire Health and Care NHS Trust Specialist CAMHS, including enhanced provision (Tier 3 & 3.5)		Worcestershire Health and Care NHS Trust CAMHS Learning Disabilities Team	
Ref	Standard	Met?	Reviewer Comments	Met?	Reviewer Comments
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> <p>Key performance indicators:</p> <p>a. Response to 'crisis' referrals:</p> <ul style="list-style-type: none"> • From Emergency Departments and Paediatric Assessment Units within 30 minutes of request in urban areas (60 minutes in rural areas) • Within four hours for all other requests <p>b. Screening of referrals and contact if considered at high risk within one working day</p> <p>c. Preliminary decisions of appropriateness and response to all referrals within five working days</p> <p>d. Initial appointment within a maximum of:</p> <ul style="list-style-type: none"> • Five working days of referral and sooner if indicated (urgent referrals) • Four weeks of referral (routine referrals) <p>e. Start of detailed assessment and/or therapeutic interventions within a maximum of four weeks of initial appointment</p>	N	Some 'key performance indicators' were set by commissioners but the data expected were not yet all being collected. 'e' was not met and data on reviews following an urgent care episode were not collected. See also main report.	N	Some 'key performance indicators' were set by commissioners but the data expected were not yet all being collected. 'e' was not met and data on reviews following an urgent care episode were not collected. See also main report.

		Worcestershire Health and Care NHS Trust Specialist CAMHS, including enhanced provision (Tier 3 & 3.5)		Worcestershire Health and Care NHS Trust CAMHS Learning Disabilities Team	
Ref	Standard	Met?	Reviewer Comments	Met?	Reviewer Comments
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 implementation of learning from positive feedback, complaints, outcomes, incidents, 'near misses' and children, young people and families who 'do not attend' b. Review of and implementation of learning from published scientific research and guidance c. Ongoing review and improvement of service quality, safety and efficiency 	N	Quarterly 'away days' were in place. Some teams had established review and learning arrangements but it was not clear that this took place in all teams, including the Learning Disabilities team. Staff changes had interrupted arrangements that were previously in place.	N	Quarterly 'away days' were in place. Some teams had established review and learning arrangements but it was not clear that this took place in all teams, including the Learning Disabilities team. Staff changes had interrupted arrangements that were previously in place.
GR-799	<p>Document Control</p> <p>All policies, procedures and guidelines should comply with Trust (or equivalent) document control procedures.</p>	N	Several of the documents seen by reviewers did not have appropriate document control, for example, care planning and risk assessment documentation.	N	Several of the documents seen by reviewers did not have appropriate document control, for example, care planning and risk assessment documentation.

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COMMISSIONING

Ref	Standard	Met?	Reviewer Comments
GZ-601	<p>Needs Assessment and Strategy</p> <p>The commissioner should have an up to date:</p> <ul 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: <ul 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	The needs assessment was four years old but was in the process of being revised.
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 which should include:</p> <ul 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 	N	The links between antenatal / perinatal mental health services and the pathway for children aged 0 to 5 years was not clear to reviewers.

Ref	Standard	Met?	Reviewer 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> <ul 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 specify:</p> <ul style="list-style-type: none"> d. The 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 e. Criteria for referral to and discharge from the service f. Age range of children and young people cared for by the service g. The range of therapeutic interventions offered by the service (QS GR-203) h. Timescales for key milestones on the care pathway and other key performance indicators (QS GR-701) i. The service's role in the provision of: <ul style="list-style-type: none"> i. Training programme for universal services (QS GA-201) ii. Advice, guidance and supervision to universal services (QS GA-202) iii. Prevention and early intervention (QS GZ-602) iv. 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.

Ref	Standard	Met?	Reviewer 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 services g. Youth Offending Team 	N	No ongoing local planning and coordination group covering the whole pathway of children and young people's emotional health and well-being was in place at the time of the review. A planning group had developed the Emotional Wellbeing Pathway and stakeholder reference groups were supporting the CAMHS needs assessment. An ongoing group was in place for the children and young people's urgent mental health pathway but not for other aspects of the local pathway.
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>	Y	
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	Waiting times for the specialist Looked After Children team were not clear. Some of the data seen by reviewers was not complete (see main report).

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