

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

North Staffordshire and Stoke on Trent Health and Social Care Economies

Visit Date: 8th December 2016

Report Date: February 2017

Images courtesy of NHS Photo Library



CONTENTS

Introduction.....	3
Visit Findings.....	4
Younger Mind.....	4
Health and Social Care Economy.....	5
APPENDIX 1 Membership of Visiting Team	6
APPENDIX 2 Compliance with the Quality Standards.....	7

INTRODUCTION

This report presents the findings of the review of Towards Children and Young People's Emotional Health and Well-Being that took place on 8th December 2016. The purpose of the visit was to review compliance with the following West Midlands Quality Review Service (WMQRS) Quality Standards:

- Towards Children and Young People's Emotional Health and Well-Being Quality Standards for Local Services, Version 1, Oct 2014

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

The report reflects the situation at the time of the visit. The text of this report identifies the main issues raised during the course of the visit. Appendix 1 lists the visiting team which reviewed the services in Stoke on Trent and North Staffordshire health and social care economies. Appendix 2 contains the details of compliance with each of the standards and the percentage of standards met.

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

- Younger Mind
- NHS Stoke on Trent Clinical Commissioning Group
- Stoke on Trent City Council
- NHS North Staffordshire Clinical Commissioning Group
- Staffordshire County Council

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

ABOUT WEST MIDLANDS QUALITY REVIEW SERVICE

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

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

ACKNOWLEDGMENTS

West Midlands Quality Review Service would like to thank the staff and service users and carers of North Staffordshire and Stoke on Trent health and social care economies for their hard work in preparing for the review and for their kindness and helpfulness during the course of the visit. Thanks are also due to the visiting team and their employing organisations for the time and expertise they contributed to this review.

VISIT FINDINGS

YOUNGER MIND

General Comments and Achievements

Younger Mind was commissioned to provide emotional support to young people aged up to 18 years who lived in Stoke on Trent or North Staffordshire, including the Staffordshire Moorlands. A range of supported activities and counselling was provided to children and young people with mild to moderate emotional or mental health problems. Children and young people could also access information and advice via Younger Mind's social media platform.

The service was welcoming and held in high esteem by users and their carers. Written feedback and those users and carers who met reviewers were all very positive about the service provided (although not about the wait to be seen).

A good range of feedback mechanisms were in place. A Young Ambassador scheme was also running.

The facilities at King Street were visited by reviewers. All areas were well decorated and well-equipped and a pleasant outdoor area was available, although the facilities were small (see below). Reviewers did not visit the service's other facilities.

Good Practice

1. A good range of well-written information for young people and for carers was available. Younger Mind had also developed a very good website and mobile App which were easy to use.
2. The therapy rooms were well laid out and had a good range of age-appropriate equipment.

Immediate Risks: No immediate risks were identified.

Concerns

1. Documentation of clinical sessions

Clinical sessions were not documented unless a specific risk was identified. ROMs CORC¹ Goal Progress Chart was completed at the initial assessment and after each therapy session, and CORE YP² was used at the beginning, middle and end of the counselling period. The individuals' goals and their plans for achieving these were not recorded. This lack of documentation meant that no written record was available if a counsellor was away and someone else had to cover, in the event of a serious case review, or for discussion in clinical supervision. Counsellors had to rely on their memory of what was said in the sessions.

2. Waiting times

Initial appointments were available within 48 hours if necessary. An initial appointment within four weeks of referral for routine referrals was not yet available, with the majority of clients being offered an appointment within six weeks. Staff commented that there were often delays of, on average, two weeks in receiving referrals from the team at the Central Referral Hub. Some clients who met the reviewing team said they had waited 12 to 14 weeks for an initial consultation. The service was commissioned to provide on-going therapy for urgent referrals within 8-10 weeks and non-urgent referrals within 18 weeks. Data provided from commissioners showed that, for some clients, waiting times exceeded these timescales.

¹ ROMs CORC – Range of Motion Clinical Outcomes Research Consortium Measures.

² CORE YP – Young Persons CORE Outcome Measures.

Further Consideration

1. The King Street premises were not suitable in the longer term, especially if the number of referrals increased. The facilities were very small, with no access to the therapy rooms for young people who could not walk up the stairs. A ground floor office was used for sessions with these young people, but the exit for the counsellor was not easy if problems occurred (although a portable panic alarm was available). Families had also commented that they would like to be able to make or buy a drink while they were waiting but this was not feasible in the small waiting area.
2. Reviewers were told that clinical records were stored in an 'offline folder' on desktop. Reviewers suggested that the information governance of this arrangement should be kept under review.

Return to [Index](#)

HEALTH AND SOCIAL CARE ECONOMY

General Comments and Achievements

A good range of modalities of targeted services, for example, group work and web-based therapy, was available for children and young people across the health economy. 'Changes YP' offered group work, and young people could self-refer for this. 'Changes YP' also trained young people to help facilitate groups, and provided a good range of social activities. 'Changes YP' had provided GP practices with an information 'prescription pad' about the services they provided. Easy access to on-line counselling was available from Barnados, including 'live chat' sessions which provided additional support for young people accessing the 'UPSIDE' website at times of peak activity. The team at Barnados had also worked with local schools and school nurses and had a number of 'Upside Champions' who would be able to promote and support other young people to access the online resources.

Further Consideration

1. The Central Referral Hub had been in operation since the summer of 2015, but at the time of the review visit providers of the targeted services were still receiving referrals through other routes – for example, self-referrals, GPs and schools. There were also two telephone numbers in use. Reviewers suggested that commissioners and providers may need to agree what to do about referrals that by-passed the Hub. Staff from Younger Mind also reported an average delay of two weeks in receiving referrals from the Central Referral Hub.
2. Information about what young people, parents and carers should do if they needed help out of hours was inconsistent and somewhat confusing. It may be helpful to clarify the 'out of hours' pathway and ensure this is reflected in the information provided by all organisations. The only number available appeared to be the Central Referral Hub, but this was not staffed 24/7. Alternatives were '111', the GP out of hours service or attendance at the Emergency Department.
3. Local providers of targeted services commented to reviewers during the visit that it would be helpful for them to meet together from time to time to discuss common problems and, possibly, also for joint training.

APPENDIX 1 MEMBERSHIP OF VISITING TEAM

Visiting Team

Bob Colclough	User Representative	
Kal Johal	Regional Service Manager	XenZone, Future thinking for Mental Health
Sam Jones	User Representative	
Kathy Minns	Clinical Nurse Specialist (CAMHS)	South Staffordshire and Shropshire Healthcare NHS Foundation Trust

WMQRS Team

Sarah Broomhead	Assistant Director	West Midlands Quality Review Service
-----------------	--------------------	--------------------------------------

Return to [Index](#)

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
Targeted Child & Adolescent Mental Health Services	40	29	73

Return to [Index](#)

TARGETED CHILD & ADOLESCENT MENTAL HEALTH SERVICES

Ref	Quality Standards	Met? Y/N	Reviewer Comments
GR-101	<p>General Service Information</p> <p>Information for children, young people and families should be easily available covering:</p> <ul style="list-style-type: none"> a. Role of the service within the local care pathway and age of children and young people seen b. Organisation of the service, such as opening hours c. Options for home visits or therapeutic interventions in informal locations d. Staff and facilities available e. How to contact the service for help and advice, including out of hours 	Y	
GR-102	<p>Information for Children and Families Referred to the Service</p> <p>The service should offer children, young people and families referred to the service written information covering:</p> <ul style="list-style-type: none"> a. General service information (QS GR-101) b. Who they will see and what will happen at their first visit c. Consent and confidentiality, including: <ul style="list-style-type: none"> 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 a. Safeguarding and the service's responsibility to report concerns b. The role of the case manager and how to request a different case manager 	Y	<p>A good range of well-written information was available. Younger Mind had also developed a very good website, which was easy to use. Plenty of information for carers was also available.</p>

Ref	Quality Standards	Met? Y/N	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 	Y	
GR-104	<p>Agreed Plan of Care</p> <p>Each young person and, where appropriate, their carer should discuss and agree a goal-orientated Care Plan, and should be offered a written record covering at least:</p> <ul style="list-style-type: none"> a. Agreed goals, including life-style goals b. Self-management c. Planned therapeutic interventions and who will be delivering these d. Early warning signs of problems and what to do if these occur e. Planned review date and how to access a review more quickly, if necessary f. Name of case manager and how to contact them with queries or for advice g. If required: h. Crisis management plan i. Risk assessment and risk management plan j. Any cultural or religious implications for therapeutic interventions or settings 	N	<p>Individual goals and plans for achieving these were not routinely documented in a plan of care. Reviewers were told that goals were set verbally. The policy for Younger Mind was not to keep records for all clients. The team used a ROMs CORC Goal Progress Chart and CORE YP at the beginning, middle and end of the counselling programme. Risk assessments were undertaken at the initial consultation if required. Young people were given information about who to contact for help.</p>
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	<p>Formal reviews of care plans were not possible as care plans were not in place. Evaluation was undertaken using a ROMs CORC Goal Progress Chart and CORE YP tool.</p>

Ref	Quality Standards	Met? Y/N	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	
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	
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"> a. Their involvement in the decision about transfer and, with their agreement, the involvement of their family or carer b. A joint meeting between CAMHS and adult services to plan the transfer c. A named coordinator for the transfer of care d. A preparation period prior to transfer e. Arrangements for monitoring during the time immediately after transfer 	N/A	The service did not usually accept service users requiring transition.
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"> a. Evaluation of achievement of agreed goals b. Care after discharge from the service (if any) c. Reintegration and return to normal activities d. Ongoing self-management and relapse prevention e. Possible problems and what to do if these occur, including, where appropriate, arrangements for easy re-access to the service f. Who to contact with queries or concerns 	N	Discussions took place with the service user, and verbal information was given, but this was not documented in the case files seen.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
GR-197	<p>General Support for Families and Carers</p> <p>Families and carers should have easy access to the following services, and information about these services should be easily available:</p> <ul style="list-style-type: none"> a. Interpreter services, including British Sign Language b. Independent advocacy services c. Complaints procedures d. Social workers e. Benefits advice f. HealthWatch or equivalent organisation g. Relevant voluntary organisations providing support and advice 	Y	
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	
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	A good range of feedback mechanisms was in place. A Young Ambassador scheme was also running.
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	

Ref	Quality Standards	Met? Y/N	Reviewer Comments
GR-202	<p>Staffing Levels and Skill Mix</p> <p>Sufficient staff with appropriate competences should be available for the:</p> <ul style="list-style-type: none"> a. Number of children and young people usually cared for by the service and the usual case mix b. Service's role in the care pathway, including case management c. Assessments and therapeutic interventions offered by the service, including support for parenting d. Achievement of expected timescales for assessments, therapeutic interventions and urgent review e. Intensive home support 24/7 (if provided by the service) f. Staff support and supervision g. Service's role in: <ul style="list-style-type: none"> i. Training programmes for universal services (QS GA-201) ii. Advice, guidance and supervision for universal services (QS GA-202) iii. Advice, guidance, supervision and training for targeted services (specialist services only) iv. Involvement in ongoing support, assessments and discharge planning of children and young people under the care of Tier 4 services or in in-patient or residential placements outside the local area <p>An appropriate skill mix of staff should be available including, for specialist CAMHS:</p> <ul style="list-style-type: none"> h. Psychological therapists and counsellors i. Nursing staff j. Clinical psychologists k. CAMH consultants l. Social care professionals l. Support workers and other staff required to deliver the range of assessments and therapeutic interventions offered by the service <p>Cover for absences should be available so that the care pathway is not unreasonably delayed, and outcomes and experience are not adversely affected, when individual members of staff are away.</p>	Y	Reviewers could not relate staffing levels to the number of service users, but were assured that staffing levels were sufficient. Clinical supervision was proportional to the time worked in the service per month.

Ref	Quality Standards	Met? Y/N	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 f. Specialist Services only: g. Pharmacological interventions h. Family therapy i. Dialectical behaviour therapy 	N	Reviewers did not see an overarching training plan or description of the competences needed for the service. Staff qualifications were accessible on the website and displayed in the main area, and appeared appropriate.
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 	N	‘a’ to ‘e’ were met, but reviewers did not see any evidence for ‘f’. Reviewers were told that ‘g’ was met, but they did not see documentary evidence. ‘h’ and ‘i’ were not applicable. For ‘j’ and ‘l’, reviewers did not see any evidence that staff had training in basic life support or safeguarding adults. ‘k’ was not applicable.

Ref	Quality Standards	Met? Y/N	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	
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 c. Specialist Services only: d. Liaison with acute paediatric services e. Transition to adult mental health services f. 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	
GR-207	<p>Clinical and Managerial Supervision</p> <p>All practitioners should receive regular clinical and managerial supervision appropriate to their role.</p>	Y	Clinical supervision was proportional to the time worked in the service per month.
GR-299	<p>Administrative, Clerical and Data Collection Support</p> <p>Administrative, clerical and data collection support should be available.</p>	Y	

Ref	Quality Standards	Met? Y/N	Reviewer Comments
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> <ul style="list-style-type: none"> a. Speech and language therapy service b. Dietetics c. Pharmacy d. Occupational therapy e. Substance misuse service f. Youth Offending Team 	Y	
GR-302	<p>Multi-Agency Teams</p> <p>The service should work as part of an appropriate range of multi-agency teams, including appropriate joint working with:</p> <ul style="list-style-type: none"> a. Universal services including those provided by GPs, health visitors, school nurses, social services, children's centres and early years provision, teachers and youth workers b. Acute and community paediatrics c. Child development services d. Social services including foster care and adoption e. Education and education support services f. Youth justice services g. Adult mental health services with expertise in early intervention in psychosis h. Employment support agencies 	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/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	

Ref	Quality Standards	Met? Y/N	Reviewer Comments
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> <ul style="list-style-type: none"> a. Welcoming reception and waiting areas with age and developmentally appropriate toys and books b. Facilities appropriate for children and young people with learning disabilities or neuro-developmental disorders c. Separation from adult patients d. Appropriate rooms for individual and family consultations e. Facilities for videoing and observing consultations f. Systems for summoning help in an emergency g. Office space 	N	<p>Access for young people with disabilities, including those in wheelchairs, was not available to all parts of the building. The manager's office could be used for young people in wheelchairs. If necessary, staff would arrange to see clients at other sites. The waiting room was quite small and cramped. The outdoor space was pleasant. All areas were well decorated and well-equipped. Staff were aware that they were at the point of outgrowing the space available.</p>
GR-402	<p>Equipment</p> <p>Timely access to equipment appropriate for the service provided should be available.</p>	Y	
GR-499	<p>IT System</p> <p>IT systems for storage, retrieval and transmission of information should be in use for patient administration, clinical records and other data to support service improvement, audit, outcome monitoring and revalidation. All clinical staff should be able electronically and securely to communicate person-identifiable data to other services involved in the care of their patients.</p>	Y	
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	<p>A referral hub was available, staffed by a member of staff from a Tier 2 service, and a Tier 3 representative. Reviewers were told that some referrals came through other routes, and it was not clear that this QS would be met for referral routes other than through the Hub.</p>

Ref	Quality Standards	Met? Y/N	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	
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> <ul 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 	Y	'e' was not met (see QS GR-104).

Ref	Quality Standards	Met? Y/N	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> <ul style="list-style-type: none"> a. Initial appointment b. Assessment process and Care Plan development c. Review of Care Plan d. Consideration of referral to Tier 4 services or other agencies <p>Guidelines should cover the expected skill mix and frequency of multi-agency and/or multi-disciplinary discussion, and responsibility for recording decisions and taking actions on these decisions.</p>	Y	
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 	Y	Appropriate guidelines were available.

Ref	Quality Standards	Met? Y/N	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	<p>In particular, guidelines were not in place covering who should be referred to a school nurse or GP and for what type of concerns. In practice, staff would refer to school nurses and GPs.</p>
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	
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> <ul style="list-style-type: none"> a. Location/s where care may be provided b. Circumstances under which a child will be admitted to these location/s c. Development and agreement of a plan for their care while awaiting a Tier 4 bed d. Support for staff while the child is in their care e. Review by an appropriate member of the specialist CAMH service at least every 12 hours f. Discussion with a Tier 4 consultant about the arrangements before admission and regularly during the child’s stay g. Involvement of commissioners of Tier 4 care h. Recording as a clinical incident any delays in admission to a Tier 4 bed which place at risk the safety or quality of care for the young person or others 	N/A	

Ref	Quality Standards	Met? Y/N	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	
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	An internal organisational policy was in place, but not a locally agreed policy on sharing information between organisations.
GR-597	<p>'Letting Go' Guidelines</p> <p>Guidelines on discharge from the service should be in use, covering:</p> <ul style="list-style-type: none"> a. Involvement of the young person and family in planning the discharge b. Evaluation of achievement of agreed goals c. Ensuring the young person and family have an agreed 'Letting Go' plan covering all aspects of QS GR-196 including, where appropriate, easy re-access to the service d. Communicating the 'Letting Go' plan to the young person's GP and any other agencies involved in their care 	N	Some aspects of the QS were met in practice but were not documented (see QS GR-104). Some evaluation took place using a ROMs CORC Goal Progress Chart and CORE YP tool.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
GR-598	<p>Transition Guidelines</p> <p>Guidelines on transition of young people from targeted or specialist CAMH to adult mental health services should be in use, covering at least:</p> <ul style="list-style-type: none"> a. Involvement of the young person and, where appropriate, their carer in planning the transfer of care b. Involvement of the young person's GP c. Joint meeting between CAMHS and adult services to plan the transfer d. Allocation of a named coordinator for the transfer of care e. A preparation period prior to transfer and, if appropriate, a period of shared care f. Arrangements for monitoring during the time immediately after transfer g. Care Programme Approach documentation (if applicable) 	N/A	
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	

Ref	Quality Standards	Met? Y/N	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> <ul style="list-style-type: none"> a. Expected timescales for the care pathway, including initial appointment, start of therapeutic interventions and urgent review, and arrangements for achieving and monitoring these timescales b. Arrangements for: <ul style="list-style-type: none"> i. 24/7 crisis response (QS GR-205), including response to children and young people in Emergency Departments and acute paediatric settings ii. Screening and management of referrals (QS GR-501) Initial appointment and allocation of a case manager (QS GR-503) iii. Care Planning and Review of Care Plans (Qs GR-104, 105 503 & 504), including communication with referring services and GPs iv. 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) v. 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 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) 	Y	<p>'a' was met, although only one timescale was identified in the specification (16 weeks to start of counselling). Some staff said that an initial consultation took place, but parents commented that waits were long before they were seen. Information was not available for 'bv'. 'bvi' was not applicable. Information relating to this QS was included in several different documents. It may be helpful to combine these into a single operational policy.</p>
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>	Y	

Ref	Quality Standards	Met? Y/N	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 e. If specialist (Tier 3) services and intensive home support are provided by separate teams, written agreements should be in place covering: f. Criteria for referral and handover of information between the services g. Indications and arrangements for joint discussion of the care of young people h. A joint meeting at least annually to review liaison between the services and address any problems identified 	Y	In practice, this was coordinated through the Hub. It was not clear whether all local services were involved in these arrangements.
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>	N/A	
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	

Ref	Quality Standards	Met? Y/N	Reviewer Comments
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	
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) 	Y	<p>'a' was met, 'b' was met, and 'c' was met from the initial consultation to start of counselling. 'd' was met, 'e' was not applicable, 'f' was met, 'g' was met, 'h' was not applicable, and 'i' was met for number of discharges, but it was not clear if the type of care after discharge was recorded. The number of sessions per referral was not clear.</p>
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	<p>'a' was met. 'd' was partially met (see QS GR-701). 'c' was not met. Details of clinical contacts were not fully recorded.</p>

Ref	Quality Standards	Met? Y/N	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>'d': Initial appointments were available quickly if necessary, but an initial appointment within four weeks of referral for routine referrals was not yet available, and some clients who met the reviewing team said they had waited 12 to 14 weeks for an initial consultation. 'e' was not met. The service was commissioned to provide on-going therapy for urgent referrals within 8-10 weeks and non-urgent within 18 weeks. Data provided from commissioners showed that, for some clients, waiting times exceeded these timescales.</p>
GR-798	<p>Multi-disciplinary Review and Learning</p> <p>The service should have multi-disciplinary arrangements for:</p> <p>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'</p> <p>b. Review of and implementation of learning from published scientific research and guidance</p> <p>c. Ongoing review and improvement of service quality, safety and efficiency</p>	Y	
GR-799	<p>Document Control</p> <p>All policies, procedures and guidelines should comply with Trust (or equivalent) document control procedures.</p>	Y	