

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

Solihull Child and Adolescent Mental Health Services (CAMHS)
Birmingham and Solihull Mental Health NHS Foundation Trust

Visit Date: 5th July 2018 Report Date: September 2018

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INTRODUCTION

This report presents the findings of the review of Child and Adolescent Mental Health Services (CAMHS) at the Birmingham and Solihull Mental Health NHS Foundation Trust that took place on the 5th July 2018. 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 V1.2

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 an organisation’s Annual Governance Statement. 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. Any immediate risks identified will include the Trust’s response and WMQRS’s response to any actions taken to mitigate the risk. Appendix 1 lists the visiting team. 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:

- Birmingham and Solihull Mental Health NHS Foundation Trust
- NHS Birmingham and Solihull Clinical Commissioning Group
- Barnardo’s
- Autism West Midlands

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

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; improvements to 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 at www.wmqrs.nhs.uk

ACKNOWLEDGMENTS

WMQRS would like to thank the staff of Solar (Birmingham and Solihull Mental Health NHS Foundation Trust, Autism West Midlands and Barnardo’s) 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.

GENERAL COMMENTS AND ACHIEVEMENTS

Solar was the emotional wellbeing Child and Adolescent Mental Health Service (CAMHS) for Solihull. Birmingham and Solihull Mental Health NHS Foundation Trust (the lead provider), Barnardo's and Autism West Midlands worked together, as Solar, to provide emotional wellbeing and mental health services for children and young people in Solihull. The service provided multi-disciplinary assessment and treatment of children and young people with mental health or severe emotional and behavioural difficulties who were aged between 0-19 years.

Services provided included:

- Core Team - CAMHS Specialist Mental Health Service care team
- Crisis Home Treatment Team
- Primary Mental Health Service provided by Barnardo's
- Specialist Autism Support provided by Autism West Midlands
- The Eating Disorders Service (TEDS)
- Looked After Children's Health Service (LATCH)
- Learning Disability Service

The service was led by a cohesive team who had a real commitment to the children and families who were using the services being provided. This was supported by a clear vision for how the service should be developed in order to provide the best possible service user experience.

The team had made significant improvements in the 12 months since their Care Quality Commission (CQC) inspection in March 2017, and in March 2018 were rated as 'Good' by the CQC. Reviewers saw that this had been achieved through the leadership of the senior management team and their commitment to changing the culture of the service in order to put service users and their families and carers at the centre of everything that they did.

The same level of commitment and vision of the senior team was also evident when speaking to other members of the teams who met the reviewers. It was evident that the service had a shared vision. This was recognised by reviewers as an excellent achievement, particularly in such a short space of time. There was evidence that a large amount of effort had been made to remove 'artificial barriers' across teams within the Trust – and with partner organisations – to ensure that improving the service user experience was the main objective and that the service was seen as one service irrespective of which individual organisations were contributing to the delivery of care.

The team had made clear efforts to engage with service users to develop the services, and had used various means of communication and interaction to do this. When some strategies had not worked, the team had been quick to revise their plans and seek alternative means of communication with their users and stakeholders. Staff were also supporting three young people, who had accessed Solar services, to become involved in the local Improving Access to Psychological Therapies (IAPT) programme as service user champions.

Reviewers were also impressed that the service was well advanced in meeting its outcome targets, having already made significant progress towards implementing NHS England's *Five Year Forward View For Mental Health* as well as the Social Care 2020 targets for access to mental health services.

Reviewers noted that the team had developed a good relationship with commissioners, which had helped to ensure that planned service developments could be implemented and delivered.

Reviewers saw and heard that there had been significant improvements to the service, and commented that the team should be extremely proud of their achievements so far. A number of further changes and improvements were planned, and reviewers were impressed at the enthusiasm and ideas that staff would like to develop. Important during this time will be the balance of promoting innovation versus the sustainability and consolidation of the changes made over the last 18 months so that the services are able to grow as well as maintain the progress made.

Reviewers saw that the Looked After Children’s Health Service (LATCH) team had been proactive in their work with young people – particularly in trying to understand their life stories, in working with those caring for young people and in working with the wider health and social care system to provide the best possible coordinated care. The team had also worked hard to ensure resources were available and, in conjunction with the Local Authority, had developed a reading area in the local library to provide audio books and other resources. This pilot was being evaluated before wider rollout. The team had a clear vision to ensure that, wherever possible, patients were seen earlier, and this had been achieved through the good networking and working relationships with other local partners.

Reviewers heard that the Eating Disorders Service (TEDS) ran a parental group and were proactively auditing care plans. The team had implemented a programme of whole team training and were compliant with waiting times. Reviewers saw that they had received good feedback from patients and carers and were using the Eating Disorders audit tool to measure outcomes.

Reviewers identified some health economy wide issues, that whilst not part of the review itself, need to be highlighted as they form part of the overall pathway of care. Reviewers acknowledged that commissioners and providers would need to work collaboratively, possibly at a network level, to address these issues:

1. Crisis Responses and Intensive Home Support

Reviewers were concerned that children and young people did not have access to age-appropriate or specialist trained staff 24 hours a day, seven days a week, which is a recommendation within the *Five Year Forward View For Mental Health* (NHS England 2016). The Crisis Team were commissioned from 8am to 8pm seven days a week. Outside of these hours advice was available via an on-call rota, but the rota did not include staff with child and adolescent mental health expertise 24 hours a day, seven days a week. The adult crisis team could also be accessed at night, although this was not age-appropriate for CAMHS patients.

The Crisis Team did provide some home treatment within the hours available, but intensive home treatment was not commissioned for Solihull residents. This reduced the extent of the service’s ability to care for more severely mentally ill children and young people, including those being discharged from inpatient mental health services.

2. Access to Tier 4 CAMH Services

Reviewers heard of ongoing difficulties with timely access to Tier 4 CAMHS beds for children and young people. At the time of the visit several children and young people known to the teams were placed outside of the West Midlands, with one child being placed as far away as Devon.

Whilst it was recognised that NHS England Specialised Commissioning has a responsibility for commissioning Tier 4 provision, there is an opportunity for local providers and commissioners to collaborate with other providers across the region to consider whether alternative new models of care could be implemented to improve the quality of care for those children and young people who require intensive care.

An evaluation of the vanguard¹ crisis models has been published, and reviewers suggested that the Trust (if it has not already done so) may wish to consider the recommendations as part of its work to develop its crisis and home care services.

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¹ <https://www.kingsfund.org.uk/publications/mental-health-new-care-models>

SOLAR: EMOTIONAL AND WELLBEING CHILD AND ADOLESCENT MENTAL HEALTH SERVICE

Good Practice

1. Reviewers were impressed with the commitment, shown by all members of the teams who they met, to deliver a service that was centred on the service users. Reviewers noted the significant effort by staff at all levels in the team to make significant improvements to the service in a relatively short space of time.
2. There was a Single Point of Access that was in place for children and young people and their families and carers. Access to the services provided by Solar was via a single referral route. A multi-professional screening meeting was held each day at which referrals were triaged and children and young people allocated to the most appropriate team. This meant that service users did not have to attend multiple appointments at which they were required to repeat the same information. Information was collected only once and then shared with the appropriate teams. This had resulted in more timely and appropriate access to services for children and young people.
3. The *Practitioner Handbook* was a well written and useful resource. The handbook included relevant guidance and a directory of local and national services and organisations. This meant that any existing staff, or those new to the team, had clarity regarding their roles and responsibilities, and key information was easily accessible.
4. There was a robust MDT structure in place for all of the teams (excluding the Eating Disorders Team, who had a separate process for MDT meetings). Each service held MDTs, and there were then clear criteria in place for the escalation and discussion of more complex cases via a Solar-wide MDT. Reviewers heard that there was honest challenge between practitioners regarding the cases being discussed at these meetings, and that this included ensuring that only suitable cases were discussed at the meeting. This process had ensured a timely discussion of appropriate cases.
5. The guidelines for managing the transition of young people to adult services were very good, and provided clear and structured guidance for staff. The quality of the 'Letting Go' plan was also very comprehensive, particularly the section on supervision for staff, which included a checklist of areas for discussion between practitioners and clinical supervisors in relation to the transition.
6. The 'protected hour' for staff to share learning and professional development, including guest speakers sharing good practice and experiences from other organisations, was considered as a positive development by reviewers. The MDT structures already in place across the teams meant that staff had been able to release time after the Solar-wide MDT to take a full part in these sessions. Reviewers were also told that staff found the sessions productive and that they provided a forum for service development.
7. Staff who met with the reviewing team were appreciative of the range of clinical and managerial supervision in place. Supervision was available to employed staff, but reviewers also heard that arrangements were in place for staff who were not directly employed by Solar, one example being the locum CAMHS Practitioner / trainee counsellor psychologist. This supervision supported all team members but also ensured that learning opportunities were maximised.
8. Throughout the visit, reviewers were impressed with the level of integration across the services. The culture in the teams was such that the health and voluntary sectors worked together as one service. This was particularly evident in the relationships with Barnardo's and Autism West Midlands. Teams appeared to be fully integrated, with everyone aiming for a single service vision. Although the services provided by Solar were delivered by different organisations, the feedback from service users and their families and carers was that the pathway was seamless between the various services.
9. The primary mental health service team had also worked with local schools to provide advice and an early intervention service two days a week on school premises. Seven local schools were taking part, and early feedback from staff indicated that more schools were interested in accessing this resource.

10. Service leads were also in the process of implementing 'physical health clinics', so that children and young people could attend these clinics and have any investigations such as blood tests and cardiac monitoring performed there rather than attending multiple appointments at their GP surgery. Results would also be available to their relevant clinician prior to any appointments.

Immediate Risks: - None

Concerns: - See health economy section of this report

Further Consideration

Reviewers identified some areas for further consideration which it is hoped will help the team to improve further and build on the strong foundations that have already been implemented.

1. From the evidence seen at the visit, there was a lack of consistency in the completion of care plans. Many care plans reviewed were extremely detailed, but others contained limited information, and, in some care plans, the plan of care was not written in a way that could be easily understood. Reviewers also heard from some staff that care plans were sometimes completed after consultations or at the end of the day. Further training for staff on the importance of completing appropriate, contemporaneous care plans should be undertaken.
2. National Institute for Health and Care Excellence (NICE) guidance and other national guidance was being used by staff. These guidelines had not yet been amended to ensure staff were aware of how they would guide clinical practice within the local pathway and support audit. Reviewers also commented that completing this exercise and integrating the guidance with the *Practitioner Handbook* would provide an excellent resource for staff.
3. Reviewers were impressed by the quality of the accommodation at the Bishop Wilson clinic. It was bright and airy and provided a welcoming environment for service users and their families and carers. However, the rooms were not sound proofed, and privacy could not always be ensured. Reviewers considered that the service would benefit from implementing systems such as room scheduling to minimise the risk of confidentiality breaches.
4. Reviewers noted the excellent work that had been undertaken by the team to provide support for carers and families, and the support groups that had been established. Reviewers suggested that consideration should be given to further developing this to include a group for siblings, to ensure that all family members were appropriately supported.
5. LATCH was using the Strengths and Difficulties Questionnaire (SDQ). The team and the reviewers agreed that this tool was not subtle enough to provide a meaningful baseline for measuring outcomes for their usual case mix. The team were considering implementing an outcome-based resiliency scale tool, and reviewers suggested that they may wish to consider the Tarren Sweeney Brief Assessment Checklist and the Pearson Resiliency Scale.²
6. Service user and carer feedback via the 'Friends and Family' mechanism was very positive but was service-wide. It was difficult to attribute any of the feedback to the individual services within Solar. Reviewers suggested that the teams may wish to develop the 'Friends and Family' questionnaire further so as to provide more service-specific feedback.

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² <https://cypiapt.files.wordpress.com/2016/07/review-of-pathways-and-outcome-measures-martina-paglia.pdf>

APPENDIX 1 MEMBERSHIP OF VISITING TEAM

| Visiting Team | | |
|-----------------|---|---|
| Kate Davis | User representative | |
| Carolyn Gavin | Head of Operations | Midlands Partnership NHS Foundation Trust |
| Marcus Law | Head of Mental Health and Learning Disability Commissioning | NHS Walsall CCG |
| Kathy Minns | Clinical Nurse Specialist (CAMHS) | Midlands Partnership NHS Foundation Trust |
| Lindsey Sandler | Children's Clinical Services Manager | Worcestershire Health and Care NHS Trust |

| WMQRS Team | | |
|-------------------|--------------------|--------------------------------------|
| Tim Cooper | Director | West Midlands Quality Review Service |
| Rachael Blackburn | Assistant Director | West Midlands Quality Review Service |
| Sarah Broomhead | Assistant Director | West Midlands Quality Review Service |

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APPENDIX 2 COMPLIANCE WITH THE QUALITY STANDARDS

Analyses of percentage compliance with the Quality Standards should be viewed with caution as they give the same weight to each of the Quality Standards. Also, the number of Quality Standards applicable to each service varies depending on the nature of the service provided. Percentage compliance 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 | 49 | 40 | 82 |

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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 d. Safeguarding and the service's responsibility to report concerns e. The role of the case manager and how to request a different case manager | Y | |
| 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 | The information for children and young people was very good and clear about what to expect and their involvement in goal setting. |

| Ref | Quality Standards | Met? Y/N | 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> <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 | Y | However see further consideration section of the report in relation to consistency of care plan completion |
| 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> | Y | As GR-104 . Staff would also receive an email if a child or young person's care plan was due for review. |
| 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 | |

| Ref | Quality Standards | Met? Y/N | Reviewer Comments |
|--------|---|-------------|--|
| 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 | |
| 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 | Y | |
| 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 HealthWatch or equivalent organisation Relevant voluntary organisations providing support and advice | Y | |
| 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 | Y | A range of support services were available in the local area. See further consideration section of the report about how the services could further strengthen support for siblings |

| Ref | Quality Standards | Met? Y/N | Reviewer Comments |
|--------|---|-------------|---|
| 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 | <p>Friends and Family feedback was extremely positive about the services provided by Solar. Staff had also tried engaging users and carers via a range of different ways for example evening meetings and meetings away from the base site. Autism UK had also made changes to their service following user and carer feedback.</p> |
| 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 m. Support workers and other staff required to deliver the range of assessments and therapeutic interventions offered by the service n. 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. | Y | |

| 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 | Y | |
| 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 | |

| 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 | The service was only commissioned to deliver services 8-8. Outside these hours access was to other services which were not always age appropriate. See Health Economy concerns section of the main report |
| 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 | |
| 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 | The service was only commissioned to deliver services 8-8. See Health Economy concerns section of the main report |
| 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 | Access to Tier 4 beds was not timely. Arrangements were in place to care for children in the acute hospital setting and if required the service would access an inpatient bed from a private provider. |

| 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 | Y | Facilities were welcoming and sensitively decorated and furnished. However there were some issues the soundproofing in some of the room areas . |
| 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 | All teams had access to care records via the RIIO information system. |
| 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 | |

| 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 | Y | Patient referrals to the crisis team were triaged by phone and responded to in priority of need. |
| 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 | Choice and Partnership Approach (CAPA) system was in place. |

| 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 | See good practice section of the main report. |
| 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 | Staff referred to national guidelines but these had not yet been amended to relate to the local pathway. Localising guidelines would also enable monitoring and auditing of expected pathways. |
| 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 | Trust-wide guidance was in place but this did not cover the identification and management of young people's physical health needs. A physical health assessment form was used to monitor whilst on any medication. |

| Ref | Quality Standards | Met? Y/N | Reviewer Comments |
|--------|---|-------------|--|
| 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 | Reviewers were unable to see any reference to the requirements of this Quality Standard in the operational policy. |
| 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 | Reviewers were unable to see any reference to the requirements of this Quality Standard in the operational policy. |
| 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 | |

| Ref | Quality Standards | Met? Y/N | Reviewer Comments |
|--------|--|-------------|--|
| GR-596 | <p>Information Sharing</p> <p>Locally agreed information sharing guidelines should be in use, covering:</p> <ul style="list-style-type: none"> a. Sharing information with children, young people and families b. Sharing information with other agencies involved in the care of the young person c. Accessing information held by other agencies about the young person | Y | Information sharing documentation was not available at the time of the visits but reviewers were assured that information sharing agreement were in place the relevant agencies. |
| 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 | Y | |
| 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) | Y | |

| Ref | Quality Standards | Met? Y/N | 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 | |

| 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) | N | Although an operational framework was made available to reviewers, this included limited detail and did not cover all aspects of this Quality Standard. |
| 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 | Via the Local Transformational Partnership |

| 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 | N/A | This QS was not applicable as SOLAR was an integrated service |
| 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 | Solar was not commissioned to provide a training programme for universal services, however staff did provide some training for primary care staff. |
| 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 | The team were part of the Midlands IAPT group |
| GR-606 | <p>Liaison with Other Services (Specialist Services only)</p> <p>Review meetings to consider liaison arrangements and address any problems identified should be held at least annually with:</p> <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 | Y | |

| Ref | Quality Standards | Met? Y/N | 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) | Y | |
| 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 | Y | |

| 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 | Service data was provided to reviewers however it did not cover all aspects of this Quality Standard |
| 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 | See also good practice section of the report |
| GR-799 | <p>Document Control</p> <p>All policies, procedures and guidelines should comply with Trust (or equivalent) document control procedures.</p> | Y | |

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