

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

Dudley and Walsall Health & Social Care Economy

Visit Date: 23rd and 24th February 2016

Report Date: June 2016

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INDEX

INTRODUCTION	3
TOWARDS CHILDREN AND YOUNG PEOPLE’S EMOTIONAL HEALTH AND WELL-BEING	4
PATHWAYS REVIEWED	4
WALSALL.....	5
Universal Services	5
Targeted (Tier 2) Services	5
Specialist (Tier 3) Service: Dudley and Walsall Mental Health Partnership NHS Trust	6
Commissioning: NHS Walsall Clinical Commissioning Group and Walsall Metropolitan Borough Council (MBC)	9
DUDLEY	10
Universal Services	10
Targeted (Tier 2) Service: WHAT Centre	10
Specialist (Tier 3) Service: Dudley and Walsall Mental Health Partnership NHS Trust	11
Commissioning: NHS Dudley Clinical Commissioning Group, Dudley Metropolitan Borough Council (MBC)	13
APPENDIX 1 MEMBERSHIP OF VISITING TEAM	15
APPENDIX 2 COMPLIANCE WITH THE QUALITY STANDARDS.....	16
Universal Services	17
Targeted (Tier 2) Services.....	19
Specialist (tier 3) Service: Dudley and Walsall Mental Health Partnership NHS Trust	39
Commissioning	67

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 23rd and 24th February 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 that reviewed the services in Dudley and Walsall 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:

- Dudley & Walsall Mental Health Partnership NHS Trust
- NHS Walsall Clinical Commissioning Group
- Walsall Metropolitan Borough Council
- NHS Dudley Clinical Commissioning Group
- Dudley Metropolitan Borough 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 Dudley Clinical Commissioning Group for Dudley services and NHS Walsall Clinical Commissioning Group for Walsall services.

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 Dudley and Walsall 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.

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

PATHWAYS REVIEWED

This review visit looked at ‘towards emotional health and well-being’ pathways for children and young people in both Walsall and Dudley. The following tables show the services which made up these pathways and the extent to which they were covered by the review visit:

Walsall Pathway	Provider	Service provided	Review process comments
Universal services	-	-	The visiting team did not meet any representatives from universal services. Compliance with Quality Standards (Qs) and related issues have been determined from evidence and comments from other services and from commissioners.
Targeted (Tier 2) services	Walsall Pregnancy Help (WPH)	Counselling for children and young people with low to moderate needs who were over the age of 11 years. Counselling was provided at school or at the WPH base.	Report includes compliance with Qs and related issues for both services (combined)
	KOOTH (Xenzone)	Online counselling for children and young people over the age of 11 years. Xenzone also employed a liaison worker who promoted the counselling service in Walsall schools and with GPs. The liaison worker also supported local networks and Partnership Groups.	
Specialist CAMH service	Dudley & Walsall Mental Health Partnership NHS Trust (DWMHPT)	Generic CAMHS, Learning Disabilities Team, Eating Disorders Service (Trust-wide), ICAMHS Team (Tier 3.5)	Report includes compliance with Qs and related issues, in particular for the Generic, Learning Disabilities and ICAMHS Team (Tier 3.5). Evidence was not easily available and compliance may therefore be under-estimated.
Commissioning	NHS Walsall CCG and Walsall MBC	-	Report includes compliance with Qs and related issues.

Dudley Pathway	Provider	Service provided	Review process comments
Universal services	-	-	Report includes compliance with Qs and related issues. The team met some universal service providers (school nursing, early help).
Targeted (Tier 2) services	WHAT Centre Stourbridge	Advice, information and counselling for young people aged 13 years and above	Representatives from the service met the visiting team but were not expecting to be reviewed. This report therefore does not include compliance with Qs for this service and relevant issues may not have been fully explored.
Specialist CAMH service	Dudley & Walsall Mental Health Partnership NHS Trust (DWMHPT)	Generic CAMHS, Learning Disabilities Team, Eating Disorders Service (Trust-wide).	Report includes compliance with Qs and related issues, in particular for the Generic and Learning Disabilities Teams.
Commissioning	NHS Dudley CCG and Dudley MBC	-	Report includes compliance with Qs and related issues.

Return to [Index](#)

WALSALL

UNIVERSAL SERVICES

General Comments and Achievements

Several schemes had been introduced shortly before the review visit. An Integrated Behavioural Support Service nurse had been working for over a year with primary schools in Walsall. A pilot scheme was also taking place with 10 schools with the aim of improving the support for pupils' emotional well-being and mental health. The scheme was funded until March 2017 and was aiming to improve communication with and referrals to other services, including specialist CAMHS. A 'panel' consisting of school health, behavioural support nurses, schools link nurses, GP liaison, children's services 'early help' and community paediatricians also met weekly to consider all referrals that did not meet the criteria for CAMHS Tier 3 provision. Primary care GP liaison practitioners had been in place for six weeks prior to the review visit, this was generally seen as a positive development and was improving communication with GPs.

TARGETED (TIER 2) SERVICES

General Comments and Achievements

The visiting team met representatives from the KOOOTH (Xenzone) on-line counselling service and the Walsall Pregnancy Help (WPH) service which provided face to face counselling. Both were available only for children and young people over the age of 11 years. WPH had secured charitable local authority funding to provide support for children and young people vulnerable to exploitation. WPH could deliver interventions to young people in schools

or at their WPH bases. There was no targeted (Tier 2) service for young people aged under 11 (see commissioning section of this report)

Further Consideration

- 1 Pathways of care into, within and out of the services were not clearly defined. It was also not clear to reviewers how the two KOOTH and WPH services linked with each other, with universal services and with specialist CAMHS. Reviewers were told that this information was on the relevant websites, but reviewers could not find it there. Reviewers therefore suggested that it may be helpful to have another look at the pathways of care and the information about them.
- 2 The referral pathway from services to WPH was also not clear about the therapeutic interventions that WPH would provide for children and young people. Reviewers were again told that this information was available on the WPH website but reviewers considered that the therapeutic interventions were not clearly explained on the website. The WPH website contained information about all the services it provided but was not particularly young person friendly. The website information was predominantly about pregnancy support and there was only limited information about WPH's young person's counselling service. Reviewers suggested that further work on the information on the website, and involving young people in the development of the website might be helpful.

SPECIALIST (TIER 3) SERVICE: DUDLEY AND WALSALL MENTAL HEALTH PARTNERSHIP NHS TRUST

General Comments and Achievements

The ICAMHS Team (Tier 3.5) was available from 8am to 8pm daily. The creation of this team had been associated with a significant reduction in the number of young people admitted to in-patient (Tier 4) care, from 14 per year to four in the year before the review visit. The team were dedicated and committed to their work and clearly worked well together.

Good Practice

- 1 The administrative team provided very good support. Administrative staff clearly understood the services, took a high level of responsibility and had a proactive approach to improving the quality of care.
- 2 The ICAMHS Team worked particularly well with general paediatric services. Three healthcare support workers had been appointed to work on general paediatric wards, working particularly with children and young people with mental health problems. This had improved the care for these young people, reduced dependency on agency staff and was highly appreciated by both general paediatric and CAMH services.
- 3 Specific clinics for young people with neuro-developmental disorders had been implemented and waiting times for this group of young people had reduced from over 12 months to no wait.
- 4 A good, flexible transition pathway had been implemented. Young people could transition to adult services at different times, and arrangements for monitoring their well-being after transition were robust.

Immediate Risks¹

1 Clinical Records

The clinical record for an individual child or young person was not all stored in one place. Medical staff did not use the OASIS system for continuation notes. Medical letters were scanned into OASIS but medical continuation notes were kept in paper files. Members of the Tier 3 Child and Adolescent Mental Health Services teams were therefore not able to see the full clinical picture if a child or young person was seeing a doctor. In particular, information about medication changes and risk was not updated on OASIS and therefore was not available to a non-medical member of the team, who was called to see the young person.

2 Care Plans and Risk Assessments

Care Plans and risk assessments were not present in several of the case notes seen by reviewers. Reviewers were told that this information would be covered in GP or other letters but this was not the case in the notes shown to them. Where a Care Plan and risk assessment was present, there was no evidence that the young person concerned had been involved in, or agreed to, the Care Plan.

Concerns

1 Waiting times

Data on waiting times were not available to reviewers on the day of the review visit and did not appear to be routinely available to staff. Data supplied after the review visit and relating to the position at 31st March 2016 showed that, after a waiting list initiative, waiting times had been reduced to four weeks for 'Choice' and an average of 10 weeks for 'Partnership' but with a maximum wait of 20 weeks. Waiting times for individual therapies were as follows: Family therapy: 15 weeks; Psychiatrist: 16 weeks; Occupational Therapy: 23 weeks; Psychology: 30 weeks; Psychotherapy: 47 weeks.

¹ **DWMHPT Response:** There is a mixture of paper and electronic records used within the service. To mitigate the risks pertaining to the use of both electronic and paper records the following processes are in place. Medical notes which are not part of the medical letter are available for non-medical staff to access in the team base. This allows non-medical staff to have access to the most recent information. Medical letters and CAMHS referral information is routinely scanned into EPR, that are accessed by all staff disciplines as required.

In the longer term there is a plan for the Trust to move to a new clinical system. It is envisaged that the full multidisciplinary team will both access and be able to utilise this system, this will remove the reliance upon paper based notes.

The Trusts CAMHS Teams now currently utilises the Goal Based Outcomes (GO) as their treatment plan/care plan where appropriate. If a GO is not in the file then it may not have been completed yet or whilst we would aim to use the GO as a form of monitoring of our therapy there will be some conditions for which this is not the most appropriate method of intervention. Patients have a copy of their GO which they sign to show agreement; electronically this is achieved using a date completion data box. The absence of signature isn't an indication that such discussions have not taken place as it may not always be appropriate to ask the patient to sign this information is should be detailed within the clinical notes/records. The GO is also available in paper and EPR formats. Treatment plans are occasionally contained in the medical letter if they are seeing a doctor only this information is scanned in as an attachment on the electronic system.

The Trust notes that if there is not a GO within a particular set of notes it would be important to ascertain if this was a decision based upon clinical presentation and therapeutic need. Therefore going forward the Trust plans to undertake a clinical audit in respect to this standard / area and will ensure that any areas of deficiency in terms of assessment or recording are addressed as a result of the Clinical Audit Action Plan.

WMQRS Response: Reviewers have considered your responses, and your process for management of records does provide some mitigation to the issues raised but while there is mixture of paper and electronic records there is still a potential risk if information is not available due to delays in the recording/scanning of care plans and risk assessments on the system until the new clinical system is fully implemented. We note that you will be implementing an ongoing programme of auditing the completeness of records in terms of assessment or recording and addressing any deficiencies in records management identified.

2 Pathways and Guidelines

The pathways and guidelines that were available did not include sufficient detail to guide clinical practice. Significant further work will be needed before these are good enough to ensure consistent clinical practice and to support audit.

Further Consideration

- 1 In addition to the issues related to Care Plans and risk assessments (see above: 'immediate risk' section), reviewers did not see 'letting go plan' guidelines, templates or completed plans in the case notes. Reviewers were told that a number of sessions for an intervention was agreed, and that after this number of sessions a review was conducted and discharge procedures were begun if further interventions were not required. Reviewers suggested that it may be helpful to consider 'letting go' plans at an earlier stage. Guidelines and templates may be helpful in formulating these plans. Parents who met the visiting team said that they had not had information in writing about Care Plans or about 'letting go' plans.
- 2 Reviewers were given different accounts of the availability of interventions for children and young people with learning disabilities who were in mainstream schools. Some staff said that interventions were available only to children and young people in special schools and that those with moderate or severe learning disabilities who were in mainstream schools could not access generic CAMHS, including family therapy and psychotherapy. Service managers told reviewers that people with learning disabilities could access all services. Further work to clarify the policy and ensure all staff are aware of it may be helpful.
- 3 Staffing of the ICAMHS Team (Tier 3.5) was not sustainable. Five staff plus two managers provided an 8am to 8pm service seven days a week with two people on duty at the same time. Rotas were being maintained by locum and agency staff. Reviewers considered that the available staffing could be restricting the level of home support provided. Staff said that they could usually visit only twice a day but it was not clear how often they could provide this level of support. In practice, most of the team's work was concentrated around the paediatric in-patient ward. Recurrent funding for the service had, however, been obtained and recruitment of substantive staff by June 2016 was planned.
- 4 Young people had been waiting up to 15 months for a cognitive assessment by a psychologist. The service did not have psychology trainees at the time of the review visit although this was being considered and reviewers agreed that use of trainees may be useful in reducing waiting times.
- 5 Managers from the ICAMHS Team (Tier 3.5) attended all Care Programme Approach (CPA) meetings, including those for children and young people admitted to in-patient care, even though they did not always have prior knowledge of the particular young person and their family. The arrangements for involving case managers with longer-term knowledge of the service user in order to ensure continuity of care were not clear and it may be helpful to review whether these arrangements give sufficient continuity of care.
- 6 A decision had been made not to use personal alarms in the building. The action to be taken by, and expected response to, a member of staff in difficulty was not clearly documented although managers said that all staff were aware of the actions they were expected to take. This issue was under discussion at the Trust Health and Safety Committee. Reviewers suggested that it may be helpful to look at the arrangements in other Trusts as part of this work.
- 7 Service user and carer feedback mechanisms and arrangements for involving services users and carers in decisions about services were present at a Trust-wide level. Reviewers saw little evidence of service user and carer feedback and involvement at the individual service level. Reviewers considered that service-level mechanisms could usefully complement Trust-wide approaches.
- 8 Reviewers commented that staff had been through a significant amount of change, including establishing the ICAMHS Team (Tier 3.5). Little evidence of compliance with the Quality Standards was available and some staff did not appear to welcome the opportunity to discuss issues with the visiting team. As a result, this report may not fully reflect the issues facing the service. Reviewers hoped that the attitude apparent

on the day of the visit was not typical of the team's approach to learning, developing and service improvement.

- 9 The two specialist CAMH services in the Trust were starting to work together. The manager post covered both teams, there was some joint training and joint away days were held every three months. Discussions were taking place about sharing a crisis team. A governance lead worked across the teams but worked differently in the different areas; governance arrangements appeared more strongly developed in Dudley. Reviewers considered that there was significant potential benefit from sharing at the level of clinical practice, including clinical guideline and policy development, audit, cover for absences and clinical supervision. Ideas for further development of service-level user and carer involvement mechanisms could also be shared. Both teams had vacancies in their Learning Disabilities Teams, and a joint approach to recruitment and development may also be useful.

COMMISSIONING: NHS WALSALL CLINICAL COMMISSIONING GROUP AND WALSALL METROPOLITAN BOROUGH COUNCIL (MBC)

General Comments and Achievements

NHS Walsall CCG and Walsall MBC had a joint arrangement for the commissioning of services for children and young people's emotional health and well-being and had a good understanding of the needs of the local area. A needs assessment had been undertaken and commissioners had good plans for addressing the issues identified. Capacity and demand analyses had been undertaken to identify 'bottle-necks' in the pathways of care. Commissioners were also actively working to increase collaborative working across the pathway of care, including through a local CAMHS consultation forum. Progress had been made with the introduction of the ICAMHS Team (Tier 3.5), a Schools Link pilot and primary care GP liaison practitioners. A 'FLASH' support hub was planned to start in March 2016 for young people who were fostered, looked after or who had been adopted. The Commissioner had good ideas for service development and innovation and was working well to ensure these were implemented.

Concerns

1 Services Commissioned

Several aspects of the expected pathway for children and young people were not yet in place:

- a. There was no targeted (Tier 2) service for young people aged under 11. Reviewers considered that opportunities for preventive work with this age group were being lost and this would result in later, more serious presentations and in an increased workload for specialist (Tier 3) services.
- b. The ICAMHS Team (Tier 3.5) was not yet available 24/7. The service was available only from 8am to 8pm. The recurrent funding for this service was in the process of being agreed.
- c. The on call rota did not include staff with child and adolescent mental health expertise 24/7 and the adult crisis team was accessed at night. An 'all ages' crisis team was being piloted but the extent to which CAMHS expertise was available at night was not clear.
- d. A formal, rolling programme of training for staff in universal services was not yet in place, although some training did take place on an *ad hoc* basis.

2 Other sections of this report identify issues that require commissioner attention:

- a. Clinical Records: See Universal Services, Specialist (Tier 3) Service, Immediate Risk 1
- b. Care Plans and Risk Assessments: See Universal Services, Specialist (Tier 3) Service, Immediate Risk 2
- c. Waiting times: See Universal Services: Specialist (Tier 3) Service, Concern 1
- d. Pathways and Guidelines: See Universal Services, Specialist (Tier 3) Service, Concern 2

Further Consideration

- 1 Services were commissioned for young people up to the age of 17. It was not clear that this was interpreted by all clinicians as up to a young person's 18th birthday. Pathways of care for young people aged 17 to 18 appeared to depend on which clinician they saw. In particular, young people with neurodevelopmental disorders may not be ready for adult services or an appropriate adult service may not be available. The CAMHS transformation plan included the development of an age 0 to 25 service but it was not clear how this was being progressed. Further work in this area may improve the consistency and quality of care for this age group.
- 2 At the time of the review visit, CAMHS performance data were not routinely submitted by the Trust to commissioners. A contract monitoring 'score-card' for specialist CAMH services had been developed and was in the process of being formally agreed by commissioners and the Dudley and Walsall Mental Health Partnership NHS Trust. It will be important to ensure that this is fully implemented and regularly monitored.
- 3 Collaboration with NHS Dudley CCG on commissioning of some services was evident. Contract monitoring arrangements were, however, separate. Reviewers considered that greater collaboration between commissioners may be helpful and may save duplication of effort and avoid inconsistencies.
- 4 Reviewers were told of long waits to see an educational psychologist. Further work on this may be helpful.

Return to [Index](#)

DUDLEY

UNIVERSAL SERVICES

Further Consideration

- 1 Reviewers were told by some staff that only GPs and social workers could refer young people to specialist CAMH services. Others said that this was not the case and that referral criteria had been agreed with Dudley and Walsall Mental Health Partnership NHS Trust. If so, staff who met the visiting team were not aware of these criteria and information about them was not easily available. Clear referral criteria and more easily accessible referral may improve the pathway of care for children and young people.
- 2 Effective collaboration and integration across the pathway of care was not yet in place. Services within Dudley appeared to be working in 'silos' with staff having little knowledge of other services that were available and of how to access these. For example, the school nurse, health visitor and 'early help' representatives who met the visiting team had little knowledge of the specialist CAMH service and how to access it. Plans to expand the Emotional Health and Well-Being Service would help to address this issue.

TARGETED (TIER 2) SERVICE: WHAT CENTRE

General Comments and Achievements

The WHAT Centre in Stourbridge provided information, advice and counselling for young people aged 13 to 25 years. The service ran a range of groups for young people with different needs. Lottery funding to support the work of the Centre was being sought. Staff commented that they had previously worked mainly with young people with anxiety but were seeing increasing numbers with self-harm.

Representatives from the service who met the visiting team were not expecting to be reviewed. This report therefore does not include compliance with applicable Quality Standards for this service and relevant issues may not have been fully explored.

The visiting team also met representatives from the KOOOTH on-line counselling service

Further Consideration

- 1 The WHAT Centre received direct referrals of young people aged over 16 who were not known to the specialist CAMH service, including some who had presented to the Emergency Department or Crisis Team. There was no referral form and arrangements for clinical handover and handover of information on risk were not clear.
- 2 Effective collaboration and integration across the pathway of care was not yet in place. Services within Dudley appeared to be working in 'silos' with staff having little knowledge of other services that were available and of how to access these.

SPECIALIST (TIER 3) SERVICE: DUDLEY AND WALSALL MENTAL HEALTH PARTNERSHIP NHS TRUST

General Comments and Achievements

Specialist services in Dudley were provided by an enthusiastic, stable team with strong leadership and a positive approach to service improvement. Staff were welcoming, open and clear about their role and the clinical interventions offered. Staff were also knowledgeable about performance indicators. Parents who met the visiting team were very appreciative of the support provided once they reached the service. Good links with general paediatric services were evident. A family support worker had been in post for four weeks and was notably enthusiastic, knowledgeable and had lots of good ideas about the development of the role.

Good Practice

- 1 The administrative team provided very good support. Administrative staff clearly understood the services, took a high level of responsibility and had a proactive approach to improving the quality of care.
- 2 The Monday morning team meetings included a session on reflective practice which supported the learning and improvement attitude of the team.
- 3 Occupational therapy input to the team was particularly good, covering clients of the Generic CAMHS and Learning Disability Teams. Reviewers were particularly impressed by the groups that were run which enabled a lot of young people to access therapeutic interventions.

Immediate Risks²

² **DWMHPT Response:** There is a mixture of paper and electronic records used within the service. To mitigate the risks pertaining to the use of both electronic and paper records the following processes are in place. Medical notes which are not part of the medical letter are available for non-medical staff to access in the team base. This allows non-medical staff to have access to the most recent information. Medical letters and CAMHS referral information is routinely scanned into EPR, that are accessed by all staff disciplines as required.

In the longer term there is a plan for the Trust is to move to a new clinical system. It is envisaged that the full multidisciplinary team will both access and be able to utilise this system, this will remove the reliance upon paper based notes.

The Trusts CAMHS Teams now currently utilises the Goal Based Outcomes (GO) as their treatment plan/care plan where appropriate. If a GO is not in the file then it may not have been completed yet or whilst we would aim to use the GO as a form of monitoring of our therapy there will be some conditions for which this is not the most appropriate method of intervention. Patients have a copy of their GO which they sign to show agreement; electronically this is achieved using a date completion data box. The absence of signature isn't an indication that such discussions have not taken place as it may not always be appropriate to ask the patient to sign this information is should be detailed within the clinical notes/records. The GO is also available in paper and EPR formats. Treatment plans are occasionally contained in the medical letter if they are seeing a doctor only this information is scanned in as an attachment on the electronic system.

The Trust notes that if there is not a GO within a particular set of notes it would be important to ascertain if this was a decision based upon clinical presentation and therapeutic need. Therefore going forward the Trust plans to undertake a clinical audit in respect to this standard / area and will ensure that any areas of deficiency in terms of assessment or recording is addressed as a result of the Clinical Audit Action Plan.

WMQRS Response: Reviewers have considered your responses and your process for management of records does provide some mitigation to the issues raised but whilst there is mixture of paper and electronic records there is still a potential risk if information is not available due to delays in the recording/scanning of care plans and risk assessments on the system until the new clinical system is fully implemented. We note that you will be implementing an ongoing programme of auditing the

1 Clinical Records

The clinical record for an individual child or young person was all not stored in one place. Medical staff did not use the OASIS system for continuation notes. Medical letters were scanned into OASIS but medical continuation notes were kept in paper files. Members of the Tier 3 Child and Adolescent Mental Health Services teams were therefore not able to see the full clinical picture if a child or young person was seeing a doctor. In particular, information about medication changes and risk was not updated on OASIS and therefore was not available to a non-medical member of the team called to see the young person. The locum consultant psychiatrist working with children and young people with learning disabilities and mental health problems reported being unable to access OASIS and so unable to access clinical information held there about service users and their families.

2 Care Plans and Risk Assessments

Care plans and risk assessments were not present in several of the case notes seen by reviewers. Reviewers were told that this information would be covered in GP or other letters but this was not the case in the notes shown to them. Where a Care Plan and risk assessment was present, there was no evidence that the young person concerned had been involved in, or agreed to, the Care Plan.

Concerns

1 Waiting Times

At the time of the review, the waiting time for a priority 'Choice' appointment was 2.5 weeks, for the next 'Choice' appointment was six weeks and for a 'Partnership' appointment was 18 weeks. Waiting times had reduced slightly since December 2015 when they were then four, four and 23 weeks respectively. Some of the case notes seen by reviewers showed evidence of multiple assessments before young people moved on to a 'Partnership' appointment. Parents who met the visiting team also reported long waits for therapeutic interventions. Reviewers did not see a clear plan for reducing waiting times for specialist CAMHS.

2 Pathways and Guidelines

Reviewers saw few documented clinical pathways or guidelines. Those that were available did not include sufficient detail to guide clinical practice. Significant further work will be needed before these are good enough to ensure consistent clinical practice and to support audit.

Further Consideration

- 1 In addition to the issues related to Care Plans and risk assessments (see above: 'immediate risk' section), reviewers did not see 'letting go' plan guidelines, templates or completed plans in the case notes. Reviewers were told that the number of sessions for an intervention was agreed, and that after this number of sessions a review was conducted and discharge procedures were begun if further interventions were not required. Reviewers suggested that it may be helpful to consider 'letting go' plans at an earlier stage. Guidelines and templates may be helpful in formulating these plans. Parents who met the visiting team said that they had not had information in writing about Care Plans or about 'letting go' plans.
- 2 Assessments were variably recorded in the case notes seen by the reviewers. Some included a good level of detail and were clearly child-focussed whereas others were sketchy and lacked detail. Reviewers suggested that an audit of recording of assessments may be helpful.
- 3 A decision had been made not to use personal alarms in the building. The action to be taken by, and expected response to, a member of staff in difficulty was not clearly documented although managers said that all staff were aware of the actions they were expected to take. This issue was under discussion at the Trust Health and Safety Committee. Reviewers suggested that it may be helpful to look at the arrangements in other Trusts as part of this work.

completeness of records in terms of assessment or recording and addressing any deficiencies in records management if identified.

- 4 Effective collaboration and integration across the pathway of care was not yet in place. Services within Dudley appeared to be working in 'silos', with staff having little knowledge of other services that were available and of how to access these. The specialist CAMH service may wish to consider ways in which it could outreach more effectively to staff working in universal services. Open days for other services had been held but these did not appear to have resolved this issue fully.
- 5 The two specialist CAMH services in the Trust were starting to work together. The manager post covered both teams, there was some joint training and joint away days were held every three months. Discussions were taking place about sharing a crisis team. A governance lead worked across the teams but worked differently in the different areas; governance arrangements appeared more strongly developed in Dudley. Reviewers considered that there was significant potential benefit from sharing at the level of clinical practice, including clinical guideline and policy development, audit, cover for absences and clinical supervision. Ideas for further development of service-level user and carer involvement mechanisms could also be shared. Both teams had vacancies in their Learning Disabilities Teams, and a joint approach to recruitment and development may also be useful.

COMMISSIONING: NHS DUDLEY CLINICAL COMMISSIONING GROUP, DUDLEY METROPOLITAN BOROUGH COUNCIL (MBC)

General Comments and Achievements

There were plans to commission the Centre for Mental Health to undertake a needs assessment and support the development of a strategy as part of the health economies transformation plan. A planning group had been established which reported via the 'Children's Alliance' forum to the Health and Wellbeing Board.

Concerns

1 Services Commissioned

Several aspects of the expected pathway for children and young people were not yet in place:

- a. At the time of the review, there was no targeted (Tier 2) service for young people aged under 11. Reviewers considered that opportunities for preventive work with this age group were being lost and that this would result in later, more serious presentations and in an increased workload for specialist (Tier 3) services. There were, however, plans to expand the Emotional Health and Well-Being Service and to incorporate the primary care mental health worker into this service. The role expected of staff of the Emotional Health and Well-Being Service seemed very large and the competences they would need were not yet clearly defined. Reviewers were told that they would have their own caseload as well as providing advice, guidance and liaison with specialist CAMHS, covering primary and secondary schools.
- b. At the time of the review Dudley had no home treatment (Tier 3.5) service although funding had been allocated and there were plans to commission this service.
- c. The on call rota did not include staff with child and adolescent mental health expertise 24/7 and the adult crisis team was accessed at night.
- d. A formal, rolling programme of training for staff in universal services was not yet in place, although some training did take place on an *ad hoc* basis.

2 Care of Young People aged 16 to 18

Specialist CAMH services were commissioned to accept young people only to age 16. Pathways of care for those aged 16 to 18 were not clear and appeared to depend on individual clinicians. Referring agencies were therefore unsure of where to refer young people of this age. In particular, young people with neurodevelopmental disorders may not be ready for adult services at age 16 or an appropriate adult service may not be available. The CAMHS transformation plan included the development of a 0 to 25 service but it

was not clear how this was being progressed. Further work in this area may improve the consistency and quality of care for this age group.

3 **Integration between Services**

Effective collaboration and integration across the pathway of care was not yet in place. Services within Dudley appeared to be working in 'silos' with staff having little knowledge of other services that were available and of how to access these. A 'Children's Alliance' forum where services came together to address issues had been formed shortly before the review visit. It was not yet clear whether this would support operational coordination and liaison as well as discussing strategic issues. Reviewers considered that there was potential for improving care pathways and service user experience through better working between services.

4 Other sections of this report identify issues that require commissioner attention:

- a. Clinical Records: See Universal Services, Specialist (Tier 3) Service, Immediate Risk 1
- b. Care Plans and Risk Assessments: See Universal Services, Specialist (Tier 3) Service, Immediate Risk 2
- c. Waiting Times: See Universal Services, Specialist (Tier 3) Service, Concern 1
- d. Pathways and Guidelines: See Universal Services, Specialist (Tier 3) Service, Concern 2

Further Consideration

- 1 Contract monitoring arrangements may benefit from review. Contracts for targeted and specialist services did not include clear key performance indicators and the frequency for reporting activity and waiting time data were not clear. Data were therefore being specifically requested from providers. Reviewers were told of a significant over-spend due to over-activity but the reasons for this did not appear to be fully understood. The lack of data was also hampering planning of future services.
- 2 Collaboration with NHS Walsall CCG on commissioning of some services was evident. Contract monitoring arrangements were, however, separate. Reviewers considered that greater collaboration between commissioners may be helpful and may save duplication of effort and avoid inconsistencies.
- 3 Some staff remained concerned about the changes that had been made to the psychology service for Looked After Children. Reviewers were also told that there had previously been four social worker posts working with specialist CAMHS but that these had been reduced to one post. Reviewers did not consider these historical issues in detail but it may be helpful to review the changes made to ensure they are working as intended.

Return to [Index](#)

APPENDIX 1 MEMBERSHIP OF VISITING TEAM

Visiting Team

Louise Andrews	Modern Matron, Children, Young People and Families Division	Black Country Partnership NHS Foundation Trust
Dr Joanne Barton	Consultant Child and Adolescent Psychiatrist, Clinical Director, Children and Young People's Division	North Staffordshire Combined Healthcare NHS Trust
Annabelle Burton	Lay Representative	
Elaine Cook-Tippins	Team Manager, Hereford CAMHS	2gether NHS Foundation Trust
Sheila Crosbie	Commissioning Lead Children / Non-acute	NHS North Staffordshire Clinical Commissioning Group
Elaine Day	Lay Representative	
Maureen Forde	CAMHS Locality Manager South	Worcestershire Health & Care NHS Trust
Kal Johal	Therapeutic Service Programme Manager	Murray Hall Community Trust
Dr Laura McGowan	Clinical Psychologist, Wolverhampton CAMHS	Black Country Partnership NHS Foundation Trust
Kathy Minns	Clinical Nurse Specialist (CAMHS)	South Staffordshire & Shropshire Healthcare NHS Foundation Trust
Tonita Whittier	CAMHS Strategic Case Manager, Learning Disability Programme	NHS England – Midlands and East

WMQRS Team

Jane Eminson	Director	West Midlands Quality Review Service
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
Towards Children and Young People’s Emotional Health and Well-Being			
Universal Services	8	2	25
Walsall	(4)	(1)	25
Dudley	(4)	(1)	25
Targeted (Tier 2) Services: Walsall Pregnancy Help (WPH) and KOOTH (Xenzone)	42	16	38
Specialist (Tier 3) Service	102	52	51
Walsall	(51)	(26)	51
Dudley	(51)	(26)	51
Commissioning	12	5	42
Walsall	(6)	(4)	67
Dudley	(6)	(1)	17
Health and Social Care Economy	164	75	46

Return to [Index](#)

UNIVERSAL SERVICES

			Walsall		Dudley
Ref	Quality Standard	Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
GA-101	<p>Information for Children, Young People and Families</p> <p>Information for children, young people and families should be available, covering at least:</p> <ol style="list-style-type: none"> Health promotion, including smoking cessation, healthy eating, weight management, exercise, alcohol use and sexual and reproductive health The promotion of emotional health, well-being and resilience Information about common emotional well-being and mental health problems in children and young people Services available in the local care pathway, their role, eligibility criteria including ages of children seen, and how to access them 	Y		Y	
GA-201	<p>Training Programme</p> <p>A rolling programme of training should be run for staff working in universal services covering:</p> <ol style="list-style-type: none"> The promotion of emotional health, well-being and resilience Problem recognition Strategies to use with children with emotional well-being or mental health problems When and how to access to advice, guidance and supervision (QS GA-202) 	N	A formal rolling programme of training was not yet in place. Some training was delivered by the CAMH service.	N	A formal rolling programme of training was not yet in place.

			Walsall		Dudley
Ref	Quality Standard	Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
GA-202	<p>Access to Advice, Guidance and Supervision</p> <p>Staff working in universal services should have access to advice, guidance and supervision from staff working in targeted or specialist CAMHS about the care and, if appropriate, referral of children and young people with emotional well-being or mental health concerns.</p>	N	Formal arrangements for access to advice, guidance and supervision were not yet in place although informal contacts were made. A pilot of support to 10 schools was planned which will achieve the Quality Standard for these schools.	N	Formal arrangements for access to advice, guidance and supervision were not yet in place and informal arrangements did not appear to be functioning well. Representatives from universal services who met the visiting team said that they had no contact with the CAMH service.
GA-501	<p>Guidelines</p> <p>Guidelines should be in use covering:</p> <ol style="list-style-type: none"> The promotion of emotional health, well-being and resilience Advice and therapies for children and young people with less severe emotional well-being or mental health problems Services available in the local care pathway, their role and ages of children seen Indications and arrangements for urgent and routine referral to targeted or specialist CAMH services and information to be sent with each referral Arrangements for access to telephone advice and guidance from targeted or specialist CAMH services (QS GA-202) 	N	A health child programme was in place but there were no guidelines meeting the requirements of the Quality Standard.	N	Guidelines meeting the requirements of the Quality Standard were not yet in place.

Return to [Index](#)

TARGETED (TIER 2) SERVICES

Ref	Quality Standard	Met? Y/N	Walsall Pregnancy Help (WPH) and KOOH (Xenzone) 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	WPH counselling and KOOH.com had web pages and leaflets and information was readily available.
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 	N	The WPH website design was not child or young person-friendly and required users to click on the correct section to access support. The section about consent did not cover the level of detail required by the Quality Standard. It was not clear what information was provided for service users who accessed the service. The KOOH website also did meet all aspects of the Quality Standard.

Ref	Quality Standard	Met? Y/N	Walsall Pregnancy Help (WPH) and KOOH (Xenzone) Reviewer Comments
GR-103	<p>Goal- and Problem-Specific Information</p> <p>Information for children, young people and families should be available, covering at least:</p> <ul style="list-style-type: none"> a. Support available to help them achieve their goals b. Brief description of their problem and its impact c. Possible complications and how to prevent these d. Non-pharmacological and pharmacological (specialist services only) therapeutic interventions offered by the service, including support for parenting e. Possible side-effects of therapeutic interventions f. Symptoms and action to take if unwell g. DVLA regulations and driving advice (if applicable) h. Health promotion, including normal child development, smoking cessation, healthy eating, weight management, exercise, alcohol use, sexual and reproductive health, and mental and emotional health and well-being i. Sources of further advice and information 	N	Goal and problem-specific information was not available at the time of the visit.
GR-104	<p>Agreed Plan of Care</p> <p>Each young person and, where appropriate, their carer should discuss and agree a goal-orientated Care Plan, and should be offered a written record covering at least:</p> <ul style="list-style-type: none"> a. Agreed goals, including life-style goals b. Self-management c. Planned therapeutic interventions and who will be delivering these d. Early warning signs of problems and what to do if these occur e. Planned review date and how to access a review more quickly, if necessary f. Name of case manager and how to contact them with queries or for advice <p>If required:</p> <ul style="list-style-type: none"> g. Crisis management plan h. Risk assessment and risk management plan i. Any cultural or religious implications for therapeutic interventions or settings 	N	Records were not accessible to reviewers and so compliance with the Quality Standard could not be determined.

Ref	Quality Standard	Met? Y/N	Walsall Pregnancy Help (WPH) and KOOH (Xenzone) Reviewer Comments
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>Clients had six to eight sessions of support. Records of reviews of care plans were not accessible to reviewers and so compliance with the Quality Standard could not be determined. Reviewers were told that service users could stay with or re-access the service at a later date.</p>
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	<p>Information was accessible via the website.</p>
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	<p>The individual counsellor acted as the case manager.</p>
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	<p>Both services provided support over the age of 18. KOOH was available for people up to aged 25 and WPH was for people aged 11 and over. Both services provided time-limited support and so would not normally transition users to adult services. They would 'sign-post' users or contact CAMHS if they considered secondary mental health services would meet the needs of the young person more appropriately. KOOH did not have a pathway for transfer to adult services of those aged 18 and over.</p>

Ref	Quality Standard	Met? Y/N	Walsall Pregnancy Help (WPH) and KOOH (Xenzone) Reviewer Comments
GR-196	<p>'Letting Go' Plan</p> <p>Children, young people and families should be involved in planning their discharge from the service and should be offered a written plan covering at least:</p> <ol style="list-style-type: none"> Evaluation of achievement of agreed goals Care after discharge from the service (if any) Reintegration and return to normal activities Ongoing self-management and relapse prevention Possible problems and what to do if these occur, including, where appropriate, arrangements for easy re-access to the service Who to contact with queries or concerns 	N	<p>These services were commissioned to provide short-term counselling and this was clearly explained to those who accessed the services. It was not clear what would happen for those that needed ongoing support. KOOH service users could re-access the service at any time.</p>
GR-197	<p>General Support for Families and Carers</p> <p>Families and carers should have easy access to the following services, and information about these services should be easily available:</p> <ol style="list-style-type: none"> Interpreter services, including British Sign Language Independent advocacy services Complaints procedures Social workers Benefits advice <i>HealthWatch</i> or equivalent organisation Relevant voluntary organisations providing support and advice 	N	<p>Facilities were not visited.</p>
GR-198	<p>Families' and Carers' Needs</p> <p>Carers should be offered information on:</p> <ol style="list-style-type: none"> How to access an assessment of their own needs What to do in an emergency Services available to provide support, including for other children in the family 	N	<p>It was not clear what would happen if families and carers of a young person accessing the service contacted the service for support and advice.</p>
GR-199	<p>Involving Children, Young People and Families</p> <p>The service should have:</p> <ol style="list-style-type: none"> Mechanisms for receiving regular feedback from children, young people and families about the therapies and care they receive Mechanisms for involving children, young people and families in decisions about the organisation of the service Examples of changes made as a result of the feedback and involvement of children, young people and families 	Y	

Ref	Quality Standard	Met? Y/N	Walsall Pregnancy Help (WPH) and KOOH (Xenzone) Reviewer Comments
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 Standard	Met? Y/N	Walsall Pregnancy Help (WPH) and KOOH (Xenzone) 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 <p>Cover for absences should be available so that the care pathway is not unreasonably delayed, and outcomes and experience are not adversely affected, when individual members of staff are away.</p>	N	Information about staffing was available from KOOH but not WPH.

Ref	Quality Standard	Met? Y/N	Walsall Pregnancy Help (WPH) and KOOH (Xenzone) Reviewer Comments
GR-203	<p>Service Competences and Training Plan</p> <p>The competences expected for each role in the service should be identified. A training and development plan for achieving and maintaining competences should be in place. The competence framework and training plan should ensure appropriate staff are available to meet the needs of the usual case mix of children and young people for the service and the role of the service in the care pathways, including staff with competences in at least four evidence-based interventions that the service is expected to provide, which may include:</p> <p>Targeted and Specialist CAMHS:</p> <ul style="list-style-type: none"> a. Cognitive behavioural therapy b. Parent counselling and parenting support c. Systemic family practice d. Interpersonal psychotherapy e. Formulation or solution-focused therapies <p>Specialist Services only:</p> <ul style="list-style-type: none"> f. Pharmacological interventions g. Family therapy h. Dialectical behaviour therapy 	N	Reviewers were told that all counsellors were trained or working towards BACP. Reviewers were also told that counsellors should also be undertaking 30 hours of relevant continuing professional development per year. It was not clear how this was monitored by either service.
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 Standard	Met? Y/N	Walsall Pregnancy Help (WPH) and KOOH (Xenzone) Reviewer Comments
GR-205	<p>24 Hour Crisis Response (Specialist Services only)</p> <p>The following staff should be available 24/7:</p> <ol style="list-style-type: none"> A member of the team with competences to provide a crisis response service A consultant child and adolescent psychiatrist who can provide advice An Approved Mental Health Practitioner who is available to do home visits A doctor of grade ST4 or above (or equivalent non-training grade doctor) who is available to do home visits 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> <ol style="list-style-type: none"> Prevention and early intervention Looked After Children <p>Specialist Services only:</p> <ol style="list-style-type: none"> Liaison with acute paediatric services Transition to adult mental health services Care of children and young people with: <ol style="list-style-type: none"> Learning disabilities Neuro-developmental disorders including ASD and ADHD Eating disorders Self-harm Substance misuse problems Anxiety and depression Early onset psychosis Attachment difficulties Challenging behaviours and emerging border-line personality disorders Trauma 	Y	KOOH had pathways into other services in Walsall. The service had specialists for the therapeutic interventions provided.
GR-207	<p>Clinical and Managerial Supervision</p> <p>All practitioners should receive regular clinical and managerial supervision appropriate to their role.</p>	Y	WPH and KOOH staff had monthly supervision from an external supervisor. Monthly managerial supervision was also in place. It was not clear whether those being supervised had copies of their managerial and clinical supervision notes.

Ref	Quality Standard	Met? Y/N	Walsall Pregnancy Help (WPH) and KOOH (Xenzone) Reviewer Comments
GR-299	Administrative, Clerical and Data Collection Support Administrative, clerical and data collection support should be available.	Y	Compliance based on self-assessment
GR-301	Support Services Unless these support services are provided by the team (QS GR-202), timely access to the following support services should be available: a. Speech and language therapy service b. Dietetics c. Pharmacy d. Occupational therapy e. Substance misuse service f. Youth Offending Team	N	Counsellors referred to GPs for 'a-d' but it was not clear if staff had access to other services, such as substance misuse service or the youth offending team.
GR-302	Multi-Agency Teams The service should work as part of an appropriate range of multi-agency teams, including appropriate joint working with: a. Universal services including 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	N	The services accepted referrals from a range of different services such as family support, SureStart and CAMHS but arrangements for joint working were not yet in place.
GR-303	Intensive Home Support (24/7) (Specialist Services only) The service should have access to a team providing daily (24/7) intensive home support for children and young people at risk of admission to in-patient CAMH services.	N/A	
GR-304	Tier 4 CAMHS (Specialist Services only) 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.	N/A	

Ref	Quality Standard	Met? Y/N	Walsall Pregnancy Help (WPH) and KOOH (Xenzone) 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> <ol style="list-style-type: none"> Welcoming reception and waiting areas with age and developmentally appropriate toys and books Facilities appropriate for children and young people with learning disabilities or neuro-developmental disorders Separation from adult patients Appropriate rooms for individual and family consultations Facilities for videoing and observing consultations Systems for summoning help in an emergency Office space 	Y	Compliance based on self-assessment. KOOH.com was an online service. WPH had a base but also used other accommodation as a satellite such as schools, local CAMHS, NHS walk-in centres and children's centres.
GR-402	<p>Equipment</p> <p>Timely access to equipment appropriate for the service provided should be available.</p>	-	Facilities were not visited
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	Facilities were not visited. Compliance based on self-assessment
GR-501	<p>Screening and Referral Management Guidelines</p> <p>Guidelines on the management of referrals should be in use covering:</p> <ol style="list-style-type: none"> Provision of advice to universal services Screening of referrals within one working day of receipt Risk assessment and urgent contact with those considered at high risk Responding to the family and referrer if referral considered inappropriate Arrangements for confirming demographic information and whether other agencies are involved Offering an appointment and requesting any additional information Looked After Children: Confirming with the responsible social work team that they are aware of and support the referral 	Y	WPH assessments were undertaken on the first visit and based on the child's health and well-being on that day. How referrals were screened was not clear. Only 'a', 'b' and 'f' were applicable to KOOH Online. The assessment criteria were included as part of the log-on process.

Ref	Quality Standard	Met? Y/N	Walsall Pregnancy Help (WPH) and KOOH (Xenzone) 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 	N	Initial appointment guidelines were not yet in place.

Ref	Quality Standard	Met? Y/N	Walsall Pregnancy Help (WPH) and KOOH (Xenzone) Reviewer Comments
GR-504	<p>Multi-Agency and Multi-Disciplinary Discussion</p> <p>Guidelines should be in use covering the indications and arrangements for multi-agency and/or multi-disciplinary input to the:</p> <ol style="list-style-type: none"> a. Initial appointment b. Assessment process and Care Plan development c. Review of Care Plan d. Consideration of referral to Tier 4 services or other agencies <p>Guidelines should cover the expected skill mix and frequency of multi-agency and/or multi-disciplinary discussion, and responsibility for recording decisions and taking actions on these decisions.</p>	N	Guidelines were not yet in place.
GR-505	<p>Clinical Guidelines</p> <p>Guidelines should be in use covering the therapeutic management of at least the following care pathways:</p> <ol style="list-style-type: none"> a. Non-specific or multiple problems b. Learning disabilities c. Neuro-developmental disorders including ASD and ADHD d. Eating disorders e. Self-harm f. Substance misuse problems g. Anxiety and depression h. Early onset psychosis i. Attachment difficulties j. Challenging behaviours and emerging border-line personality disorders k. Trauma <p>Guidelines should cover at least:</p> <ol style="list-style-type: none"> l. Type and expected duration of therapeutic interventions offered m. Arrangements for multi-agency input to therapeutic interventions n. Shared care arrangements with other services o. Prescribing, including initial prescribing and monitoring arrangements p. Monitoring and follow up 	N	Guidelines covering 'e', 'f' and 'g' were not yet in place. The acceptance criteria defined that the services would not work with anyone on the waiting list for specialist CAMHS or with early psychosis.

Ref	Quality Standard	Met? Y/N	Walsall Pregnancy Help (WPH) and KOOH (Xenzone) Reviewer Comments
GR-506	<p>Physical Health Care Guidelines</p> <p>Guidelines should be in use covering the identification and management of young people’s physical health needs, including:</p> <ul style="list-style-type: none"> a. Health promotion, including smoking cessation, healthy eating, weight management, exercise, alcohol use and sexual and reproductive health b. Management of commonly occurring long-term conditions in liaison with the young person’s GP and, if applicable, acute or community paediatrician 	N	Guidelines were not yet in place.
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	

Ref	Quality Standard	Met? Y/N	Walsall Pregnancy Help (WPH) and KOOH (Xenzone) Reviewer Comments
GR-508	<p>Children Awaiting Tier 4 Admission (Specialist Services only)</p> <p>Local guidelines on the maintenance of children and young people awaiting admission to a Tier 4 bed should be in use, covering:</p> <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	
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 	N	Evidence of compliance with the Quality Standard was not seen by reviewers.
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	Evidence of compliance with the Quality Standard was not seen by reviewers.

Ref	Quality Standard	Met? Y/N	Walsall Pregnancy Help (WPH) and KOOH (Xenzone) Reviewer Comments
GR-597	<p>'Letting Go' Guidelines</p> <p>Guidelines on discharge from the service should be in use, covering:</p> <ol style="list-style-type: none"> Involvement of the young person and family in planning the discharge Evaluation of achievement of agreed goals Ensuring the young person and family have an agreed 'Letting Go' plan covering all aspects of QS GR-196 including, where appropriate, easy re-access to the service Communicating the 'Letting Go' plan to the young person's GP and any other agencies involved in their care 	N	The services were commissioned to provide short-term counselling and this was explained to those who accessed the services. Reviewers considered that 'letting go' guidelines were still needed and should cover the range of pathways out of the services.
GR-598	<p>Transition Guidelines</p> <p>Guidelines on transition of young people from targeted or specialist CAMH to adult mental health services should be in use, covering at least:</p> <ol style="list-style-type: none"> Involvement of the young person and, where appropriate, their carer in planning the transfer of care Involvement of the young person's GP Joint meeting between CAMHS and adult services to plan the transfer Allocation of a named coordinator for the transfer of care A preparation period prior to transfer and, if appropriate, a period of shared care Arrangements for monitoring during the time immediately after transfer Care Programme Approach documentation (if applicable) 	N	Both services provided support for young people aged over 18. Guidelines for transition to other services to which children and young people may be 'sign-posted' or transferred were not yet in place.
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> <ol style="list-style-type: none"> Consent Lone working Medicines management Health and safety Restraint and sedation Mental Capacity Act Deprivation of Liberty Safeguards (services caring for people aged 18 and over) Safeguarding 	Y	These policies were required as part of the service contract but were not seen by reviewers.

Ref	Quality Standard	Met? Y/N	Walsall Pregnancy Help (WPH) and KOOH (Xenzone) 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) iii. Initial appointment and allocation of a case manager (QS GR-503) iv. Care Planning and Review of Care Plans (Qs GR-104, 105 503 & 504), including communication with referring services and GPs v. Responding to children's, young people's and families' queries or requests for advice by the end of the next working day (QS GR-106) vi. Liaison with paediatric in-patient services about the care of children and young people with mental health problems c. Responsibility for giving information to children, young people and families at each stage of the care pathway d. Access to clinical information at all times, including by the 24/7 crisis response service e. Provision of advice, guidance and supervision to universal (Tier 1) and other referring services (QS GA-202) f. Risk-based arrangements for follow up of children and young people who 'do not attend' or 'do not engage' for any reason including, where appropriate, assertive approaches to engaging young people and families 	N	Operational policies were not seen by reviewers and were considered by the provider not to be applicable. Reviewers considered that operational policies were needed covering several aspects of the Quality Standard, especially screening and management of referrals, risk management and 'did not attend'.
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	Both services had supported task and finish groups, service transformation and re-design groups and were part of the strategy development group.

Ref	Quality Standard	Met? Y/N	Walsall Pregnancy Help (WPH) and KOOH (Xenzone) Reviewer Comments
GR-603	<p>Joint Working between Local CAMH Services</p> <p>If targeted (Tier 2) and specialist (Tier 3) services are provided by separate teams, written arrangements should be in place covering:</p> <ol style="list-style-type: none"> a. Advice from the specialist CAMH service on: <ol style="list-style-type: none"> i. Training of staff in the non-specialist service ii. Supervision of staff in the non-specialist service iii. Referral management, assessment, clinical and other guidelines in use in the non-specialist service (QS GR-500s) b. Criteria and arrangements for referral and handover between the services c. Indications and arrangements for joint discussion of the care of young people, including those where involvement of a consultant child and adolescent psychiatrist may be appropriate d. A joint meeting at least annually to review liaison between the services and address any problems identified <p>If specialist (Tier 3) services and intensive home support are provided by separate teams, written agreements should be in place covering:</p> <ol style="list-style-type: none"> e. Criteria for referral and handover of information between the services f. Indications and arrangements for joint discussion of the care of young people g. A joint meeting at least annually to review liaison between the services and address any problems identified 	N	Written arrangements were not yet in place. In practice there was some liaison with WPH. The service specification for KOOH.com mentioned joint working but, in practice, joint working arrangements were not in place and services functioned independently with referral of children and young people to other local services.
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 rolling programme of training for universal services was not yet in place.
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 Standard	Met? Y/N	Walsall Pregnancy Help (WPH) and KOOH (Xenzone) 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) 	N	Some data on 'a' and 'b' were collected. It was not clear whether key performance indicators had been set by commissioners.

Ref	Quality Standard	Met? Y/N	Walsall Pregnancy Help (WPH) and KOOH (Xenzone) Reviewer Comments
GR-702	<p>Audit</p> <p>The services should have a rolling programme of audit of compliance with:</p> <ol 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: <ol 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	Some information was provided to the CCG but there was no rolling programme of audit.
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> <ol style="list-style-type: none"> a. Response to 'crisis' referrals: <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 b. Screening of referrals and contact if considered at high risk within one working day c. Preliminary decisions of appropriateness and response to all referrals within five working days d. Initial appointment within a maximum of: <ul style="list-style-type: none"> • Five working days of referral and sooner if indicated (urgent referrals) • Four weeks of referral (routine referrals) e. Start of detailed assessment and/or therapeutic interventions within a maximum of four weeks of initial appointment 	N	Key performance indicators were not seen by reviewers although they were told that these were regularly reported to adult mental health services commissioners.
GR-798	<p>Multi-disciplinary Review and Learning</p> <p>The service should have multi-disciplinary arrangements for:</p> <ol style="list-style-type: none"> a. Review of and implementation of learning from positive feedback, complaints, outcomes, incidents, 'near misses' and children, young people and families who 'do not attend' b. Review of and implementation of learning from published scientific research and guidance c. Ongoing review and improvement of service quality, safety and efficiency 	N	The KOOH annual report included some information on service user feedback and complaints. Reviewers saw no evidence of multi-disciplinary review and learning for WPH.

Ref	Quality Standard	Met? Y/N	Walsall Pregnancy Help (WPH) and KOOH (Xenzone) Reviewer Comments
GR-799	<p>Document Control</p> <p>All policies, procedures and guidelines should comply with Trust (or equivalent) document control procedures.</p>	Y	Little documentary evidence was available.

Return to [Index](#)

SPECIALIST (TIER 3) SERVICE: DUDLEY AND WALSALL MENTAL HEALTH PARTNERSHIP NHS TRUST

			Walsall		Dudley
Ref	Quality Standard	Met? Y/N	Reviewer Comments	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> <ol 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	Service information was available for all services. The Learning Disabilities information was not available in an 'easy read ' format.	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> <ol style="list-style-type: none"> a. General service information (QS GR-101) b. Who they will see and what will happen at their first visit c. Consent and confidentiality, including: <ol style="list-style-type: none"> i. The implications of children and young people's competence and capacity to consent ii. The child or young person's right to access information about themselves d. Safeguarding and the service's responsibility to report concerns e. The role of the case manager and how to request a different case manager 	Y	Information was available on the internet and linked to the Trust website. The service was in the process of developing a mobile phone 'app' in order to make the information more accessible. The compliments and complaints form was relatively simple and plain. Reviewers considered that further work with children and young people in the design of the information may be useful.	Y	A 'Choice' pack was available.

Ref	Quality Standard	Met? Y/N	Walsall	Met? Y/N	Dudley
			Reviewer Comments		Reviewer Comments
GR-103	<p>Goal- and Problem-Specific Information</p> <p>Information for children, young people and families should be available, covering at least:</p> <ol style="list-style-type: none"> Support available to help them achieve their goals Brief description of their problem and its impact Possible complications and how to prevent these Non-pharmacological and pharmacological (specialist services only) therapeutic interventions offered by the service, including support for parenting Possible side-effects of therapeutic interventions Symptoms and action to take if unwell DVLA regulations and driving advice (if applicable) Health promotion, including normal child development, smoking cessation, healthy eating, weight management, exercise, alcohol use, sexual and reproductive health, and mental and emotional health and well-being Sources of further advice and information 	N	<p>It was not clear from the evidence seen that information covering all the requirements of the QS was always accessible. Documentation in the four sets of records seen was inconsistent and some care plans were not person centred or signed. Care planning templates in the files were not being used and reviewers were told that there were problems with information being documented on the Oasis system. . In one set of records there were three different risk assessments with different information and it was not clear what goals were derived from this information. Care plans and risk assessments were recorded in letters.</p>	N	<p>Some information was available but it was not clear that this was used systematically.</p>

Ref	Quality Standard	Met? Y/N	Walsall	Met? Y/N	Dudley
			Reviewer Comments		Reviewer Comments
GR-104	<p>Agreed Plan of Care</p> <p>Each young person and, where appropriate, their carer should discuss and agree a goal-orientated Care Plan, and should be offered a written record covering at least:</p> <ol style="list-style-type: none"> Agreed goals, including life-style goals Self-management Planned therapeutic interventions and who will be delivering these Early warning signs of problems and what to do if these occur Planned review date and how to access a review more quickly, if necessary Name of case manager and how to contact them with queries or for advice If required: Crisis management plan Risk assessment and risk management plan Any cultural or religious implications for therapeutic interventions or settings 	N	Three out of the four sets of notes seen did have a plan of care, but these were not person-centred and there was no evidence that plans had been agreed by the service user.	N	None of eight case notes seen had a care plan. See also main report in relation to risk assessments. Some, but not all, case notes had letters to GPs.
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	Reviews undertaken during consultation sessions were documented in the notes but were not translated into a care plan that was then agreed with the service user. In Walsall Tier 3+ staff attended CPA review meetings for patients receive Tier 4 level care including those with learning disabilities.	N	Reviews of care plans were not documented in the case notes seen by reviewers.

Ref	Quality Standard	Met? Y/N	Walsall	Met? Y/N	Dudley
			Reviewer Comments		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	Key workers were only allocated on the Oasis system when the young person was accepted into 'partnership'. For those in 'choice' there was some ambiguity as to who was the responsible contact.	Y	Crisis cards and care coordinator cards were in use.
GR-107	<p>Case Manager</p> <p>Each child and young person should have a nominated person responsible for the coordination of their care and for liaison with the child or young person's GP, school and other agencies involved in their care.</p>	Y		Y	
GR-195	<p>Transition to Adult Services</p> <p>Young people choosing transition to the care of adult mental health services should be offered written information covering at least:</p> <ol style="list-style-type: none"> Their involvement in the decision about transfer and, with their agreement, the involvement of their family or carer A joint meeting between CAMHS and adult services to plan the transfer A named coordinator for the transfer of care A preparation period prior to transfer Arrangements for monitoring during the time immediately after transfer 	N	Information for young people about transition to adult services was not seen by reviewers.	N	Information for young people about transition to adult services was not seen by reviewers.

Ref	Quality Standard	Met? Y/N	Walsall	Met? Y/N	Dudley
			Reviewer Comments		Reviewer Comments
GR-196	<p>'Letting Go' Plan</p> <p>Children, young people and families should be involved in planning their discharge from the service and should be offered a written plan covering at least:</p> <ol style="list-style-type: none"> Evaluation of achievement of agreed goals Care after discharge from the service (if any) Reintegration and return to normal activities Ongoing self-management and relapse prevention Possible problems and what to do if these occur, including, where appropriate, arrangements for easy re-access to the service Who to contact with queries or concerns 	N	'Letting go' plans were not evident in the case notes seen by reviewers.	N	'Letting go' plans were not evident in the case notes seen by reviewers.
GR-197	<p>General Support for Families and Carers</p> <p>Families and carers should have easy access to the following services, and information about these services should be easily available:</p> <ol style="list-style-type: none"> Interpreter services, including British Sign Language Independent advocacy services Complaints procedures Social workers Benefits advice <i>HealthWatch</i> or equivalent organisation Relevant voluntary organisations providing support and advice 	Y		Y	Information was available in 'partnership' packs and waiting areas. Parents who met the visiting team were unsure how to access these services. Some of the information available may benefit from review.

Ref	Quality Standard	Met? Y/N	Walsall	Met? Y/N	Dudley
			Reviewer Comments		Reviewer Comments
GR-198	<p>Families' and Carers' Needs</p> <p>Carers should be offered information on:</p> <ol style="list-style-type: none"> How to access an assessment of their own needs What to do in an emergency Services available to provide support, including for other children in the family 	Y	Carers could be signposted to this support but information about this was not easily accessible in the areas visited. Service users were given 'crisis cards' which included their care coordinator's details and information for carers on how to seek advice.	Y	Some information was available and the crisis cards included the care coordinator's details and information for carers on how to seek advice. None of the parents who met the visiting team had seen the crisis cards.
GR-199	<p>Involving Children, Young People and Families</p> <p>The service should have:</p> <ol style="list-style-type: none"> Mechanisms for receiving regular feedback from children, young people and families about the therapies and care they receive Mechanisms for involving children, young people and families in decisions about the organisation of the service Examples of changes made as a result of the feedback and involvement of children, young people and families 	Y	'You said we did' information was displayed and service users had named the new looked-after children service 'FLASH'. Reviewers considered that there were opportunities to involve service users more fully in service development.	Y	A 'you said – we did' board was available but the information was undated. Reviewers considered that there were opportunities for greater service user involvement in service development.
GR-201	<p>Professional and Managerial Leads</p> <p>A lead professional and a lead manager should be responsible for the effective delivery of the service, including staffing, training, clinical supervision, guidelines and protocols, service organisation, governance and liaison with other services. The lead professional should be a registered healthcare professional with appropriate specialist competences in this role who undertakes regular clinical work within the service.</p>	Y		Y	Both the lead manager and lead clinician were interim appointments covering both teams.

Ref	Quality Standard	Met? Y/N	Walsall	Met? Y/N	Dudley
			Reviewer Comments		Reviewer Comments
GR-202	<p>Staffing Levels and Skill Mix</p> <p>Sufficient staff with appropriate competences should be available for the:</p> <ol style="list-style-type: none"> Number of children and young people usually cared for by the service and the usual case mix Service's role in the care pathway, including case management Assessments and therapeutic interventions offered by the service, including support for parenting Achievement of expected timescales for assessments, therapeutic interventions and urgent review Intensive home support 24/7 (if provided by the service) Staff support and supervision Service's role in: <ol style="list-style-type: none"> Training programmes for universal services (QS GA-201) Advice, guidance and supervision for universal services (QS GA-202) Advice, guidance, supervision and training for targeted services (specialist services only) Involvement in ongoing support, assessments and discharge planning of children and young people under the care of Tier 4 services or in in-patient or residential placements outside the local area <p>An appropriate skill mix of staff should be available including, for specialist CAMHS:</p> <ol style="list-style-type: none"> Psychological therapists and counsellors Nursing staff Clinical psychologists CAMH consultants Social care professionals Support workers and other staff required to deliver the range of assessments and therapeutic interventions offered by the service <p>Cover for absences should be available so that the care pathway is not unreasonably delayed, and outcomes and experience are not adversely affected, when individual members of staff are away.</p>	N	<p>Tier 3+: 5 w.t.e covered 12 hour shifts 8am until 8pm, seven days per week and was dependent on long term agency staff to enable all shifts to be covered. Psychiatrist support was via the on call team. The leadership of the team was shared between the Family Therapist and Nurse Consultant lead.</p> <p>Data available to reviewers at the visit from 2014 showed that there were 109 people on the waiting list, 35 of whom had been waiting for 15-20 weeks.</p> <p>Data on Psychology waiting lists showed children and young people were waiting 15 months for a cognitive assessment</p> <p>There was a learning disabilities Nurse vacancy.</p> <p>A dedicated team for 'looked after children' was in place.</p>	Y	

			Walsall		Dudley
Ref	Quality Standard	Met? Y/N	Reviewer Comments	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> <ol style="list-style-type: none"> Cognitive behavioural therapy Parent counselling and parenting support Systemic family practice Interpersonal psychotherapy Formulation or solution-focused therapies <p>Specialist Services only:</p> <ol style="list-style-type: none"> Pharmacological interventions Family therapy Dialectical behaviour therapy 	N	Some work had been undertaken on the professional qualifications of staff. An over-arching competence framework and training plan was not yet in place. Details of continuing professional development undertaken were not aligned with maintaining the competences expected.	N	An over-arching competence framework and training plan was not yet in place. Details of continuing professional development undertaken were not aligned with maintaining the competences expected.

Ref	Quality Standard	Met? Y/N	Walsall	Met? Y/N	Dudley
			Reviewer Comments		Reviewer Comments
GR-204	<p>Competences – All Health and Social Care Professionals</p> <p>All health and social care professionals working in the service should have competences appropriate to their role in:</p> <ol style="list-style-type: none"> Safeguarding children Recognising and meeting the needs of vulnerable children Dealing with challenging behaviour, violence and aggression Children’s Act, Mental Capacity Act and Mental Health Act Consent, including the implications of competence and capacity Information sharing and confidentiality Risk assessment and risk management Transition to adult care Use of equipment (if applicable) Paediatric life support Deprivation of Liberty Safeguards (services caring for people aged 18 and over) Safeguarding adults 	Y		Y	
GR-205	<p>24 Hour Crisis Response (Specialist Services only)</p> <p>The following staff should be available 24/7:</p> <ol style="list-style-type: none"> A member of the team with competences to provide a crisis response service A consultant child and adolescent psychiatrist who can provide advice An Approved Mental Health Practitioner who is available to do home visits A doctor of grade ST4 or above (or equivalent non-training grade doctor) who is available to do home visits An on call clinical manager 	N	The Tier 3.5 service was commissioned to provide a service only between 8am until 8pm 365 days per year. Outside these times cover was available from the adult crisis team.	N	An out of hours service was not yet available. Access to the adult crisis team was available but this did not include a doctor of ST4 or above who was able to do home visits.

Ref	Quality Standard	Met? Y/N	Walsall	Met? Y/N	Dudley
			Reviewer Comments		Reviewer Comments
GR-206	<p>Pathway Leads</p> <p>Lead professionals for the following care pathways should be identified:</p> <p>All Services:</p> <ul style="list-style-type: none"> a. Prevention and early intervention b. Looked After Children <p>Specialist Services only:</p> <ul style="list-style-type: none"> c. Liaison with acute paediatric services d. Transition to adult mental health services e. Care of children and young people with: <ul style="list-style-type: none"> i. Learning disabilities ii. Neuro-developmental disorders including ASD and ADHD iii. Eating disorders iv. Self-harm v. Substance misuse problems vi. Anxiety and depression vii. Early onset psychosis viii. Attachment difficulties ix. Challenging behaviours and emerging border-line personality disorders x. Trauma 	N	Pathway leads were in place for all but 'e vi and ix' which was covered by all clinicians in the team.	N	Pathway leads were not clearly identified.
GR-207	<p>Clinical and Managerial Supervision</p> <p>All practitioners should receive regular clinical and managerial supervision appropriate to their role.</p>	Y	Documentation could be clearer about the supervision hierarchy and who was responsible for clinical and managerial supervision.	Y	
GR-299	<p>Administrative, Clerical and Data Collection Support</p> <p>Administrative, clerical and data collection support should be available.</p>	Y	See also good practice section of the report.	Y	See also good practice section of the report.

			Walsall		Dudley
Ref	Quality Standard	Met? Y/N	Reviewer Comments	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		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		N	See main report in relation to universal services. Good links with general paediatrics were evident.

Ref	Quality Standard	Met? Y/N	Walsall	Met? Y/N	Dudley
			Reviewer Comments		Reviewer Comments
GR-303	<p>Intensive Home Support (24/7) (Specialist Services only)</p> <p>The service should have access to a team providing daily (24/7) intensive home support for children and young people at risk of admission to in-patient CAMH services.</p>	N	Home support was only available between 8am and 8pm seven days a week. Staffing levels limited the intensity of support which could be offered	N	An intensive home support service was not yet commissioned.
GR-304	<p>Tier 4 CAMHS (Specialist Services only)</p> <p>The service should have timely access to a Tier 4 CAMH service for advice, assessments, out-patient care and in-patient admission. If in-patient admission is required, this should be within a reasonable travelling distance of the child's home.</p>	N	Timely access to tier 4 services was not yet available.	N	Timely access to tier 4 services was not yet available.
GR-401	<p>Facilities</p> <p>Facilities available should be appropriate for the assessment and therapeutic interventions offered by the service and should include:</p> <ol style="list-style-type: none"> Welcoming reception and waiting areas with age and developmentally appropriate toys and books Facilities appropriate for children and young people with learning disabilities or neuro-developmental disorders Separation from adult patients Appropriate rooms for individual and family consultations Facilities for videoing and observing consultations Systems for summoning help in an emergency Office space 	N	See main report in relation to systems for summoning help in an emergency. Other aspects of the Quality Standard were met.	N	See main report in relation to systems for summoning help in an emergency. Other aspects of the Quality Standard were met.
GR-402	<p>Equipment</p> <p>Timely access to equipment appropriate for the service provided should be available.</p>	Y		Y	

Ref	Quality Standard	Met? Y/N	Walsall	Met? Y/N	Dudley
			Reviewer Comments		Reviewer Comments
GR-499	<p>IT System</p> <p>IT systems for storage, retrieval and transmission of information should be in use for patient administration, clinical records and other data to support service improvement, audit, outcome monitoring and revalidation. All clinical staff should be able electronically and securely to communicate person-identifiable data to other services involved in the care of their patients.</p>	N	See main report (immediate risk section)	N	See main report (immediate risk section)
GR-501	<p>Screening and Referral Management Guidelines</p> <p>Guidelines on the management of referrals should be in use covering:</p> <ol style="list-style-type: none"> Provision of advice to universal services Screening of referrals within one working day of receipt Risk assessment and urgent contact with those considered at high risk Responding to the family and referrer if referral considered inappropriate Arrangements for confirming demographic information and whether other agencies are involved Offering an appointment and requesting any additional information Looked After Children: Confirming with the responsible social work team that they are aware of and support the referral 	Y	The operational policy included all the relevant sections but information was generic and brief in parts. Referral criteria for the looked-after children service was not yet documented in the normal Trust template.	Y	The operational policy included all the relevant sections but information was generic and brief in parts. Referral criteria for the looked-after children service was not yet documented in the normal Trust template.

Ref	Quality Standard	Met? Y/N	Walsall	Met? Y/N	Dudley
			Reviewer Comments		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	The expected response time to the Emergency Department and Paediatric Assessment Unit was four hours rather than 30 minutes.	N	The expected response time to the Emergency Department and Paediatric Assessment Unit was four hours rather than 30 minutes.

Ref	Quality Standard	Met? Y/N	Walsall	Met? Y/N	Dudley
			Reviewer Comments		Reviewer Comments
GR-503	<p>Initial Appointment Guidelines</p> <p>Initial appointment guidelines should be in use for the usual case mix of young people referred to the service, covering:</p> <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		Y	

			Walsall		Dudley
Ref	Quality Standard	Met? Y/N	Reviewer Comments	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> <ol style="list-style-type: none"> Initial appointment Assessment process and Care Plan development Review of Care Plan Consideration of referral to Tier 4 services or other agencies <p>Guidelines should cover the expected skill mix and frequency of multi-agency and/or multi-disciplinary discussion, and responsibility for recording decisions and taking actions on these decisions.</p>	N	Guidelines were not documented but 'a' and 'b' happened in practice.	N	Guidelines were not documented but 'a' and 'b' happened in practice.

Ref	Quality Standard	Met? Y/N	Walsall	Met? Y/N	Dudley
			Reviewer Comments		Reviewer Comments
GR-505	<p>Clinical Guidelines</p> <p>Guidelines should be in use covering the therapeutic management of at least the following care pathways:</p> <ul style="list-style-type: none"> a. Non-specific or multiple problems b. Learning disabilities c. Neuro-developmental disorders including ASD and ADHD d. Eating disorders e. Self-harm f. Substance misuse problems g. Anxiety and depression h. Early onset psychosis i. Attachment difficulties j. Challenging behaviours and emerging border-line personality disorders k. Trauma <p>Guidelines should cover at least:</p> <ul style="list-style-type: none"> l. Type and expected duration of therapeutic interventions offered m. Arrangements for multi-agency input to therapeutic interventions n. Shared care arrangements with other services o. Prescribing, including initial prescribing and monitoring arrangements p. Monitoring and follow up 	N	Some pathways were in place but not detailed guidelines.	N	Some pathways were in place but not detailed guidelines.

Ref	Quality Standard	Met? Y/N	Walsall	Met? Y/N	Dudley
			Reviewer Comments		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> <ol style="list-style-type: none"> Health promotion, including smoking cessation, healthy eating, weight management, exercise, alcohol use and sexual and reproductive health Management of commonly occurring long-term conditions in liaison with the young person's GP and, if applicable, acute or community paediatrician 	N	Guidelines were not yet in place, although some information for service users about their physical health was provided by staff.	N	Guidelines were not yet in place, although some information for service users about their physical health was provided by staff.
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> <ol style="list-style-type: none"> Indications and 24/7 arrangements for seeking advice from Tier 4 CAMHS Referral criteria Handover of care to Tier 4 CAMHS Communication with and involvement of specialist CAMHS during the young person's Tier 4 care Involvement of specialist CAMHS staff in assessments prior to discharge from Tier 4 care Handover of care from Tier 4 CAMHS After-care following in-patient admission Arrangements for re-accessing Tier 4 services if required 	Y	See main report (further consideration) about arrangements for attendance at review meetings, especially for young people with learning disabilities.	Y	

Ref	Quality Standard	Met? Y/N	Walsall	Met? Y/N	Dudley
			Reviewer Comments		Reviewer Comments
GR-508	<p>Children Awaiting Tier 4 Admission (Specialist Services only)</p> <p>Local guidelines on the maintenance of children and young people awaiting admission to a Tier 4 bed should be in use, covering:</p> <ol style="list-style-type: none"> Location/s where care may be provided Circumstances under which a child will be admitted to these location/s Development and agreement of a plan for their care while awaiting a Tier 4 bed Support for staff while the child is in their care Review by an appropriate member of the specialist CAMH service at least every 12 hours Discussion with a Tier 4 consultant about the arrangements before admission and regularly during the child's stay Involvement of commissioners of Tier 4 care Recording as a clinical incident any delays in admission to a Tier 4 bed which place at risk the safety or quality of care for the young person or others 	Y	Local guidance was included in the deliberate self-harm policy. However reviewers commented whether it was appropriate for the Crisis support team to be undertaking all the CPA reviews for children in hospital. Arrangements were working well with the acute trust (see good practice section of main report).	Y	Local guidance was included in the deliberate self-harm policy. In practice, arrangements appeared to work well with the acute trust.
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> <ol style="list-style-type: none"> Children and young people at risk of criminal activity Children and young people where there are safeguarding concerns Looked After Children Young people on the Care Programme Approach Young people on Community Treatment Orders Children and young people with Section 117 after-care requirements 	N	A protocol or pathway was not available. In practice, good working relationships were evident.	N	A protocol or pathway was not available.

Ref	Quality Standard	Met? Y/N	Walsall	Met? Y/N	Dudley
			Reviewer Comments		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		Y	
GR-597	<p>'Letting Go' Guidelines</p> <p>Guidelines on discharge from the service should be in use, covering:</p> <ul style="list-style-type: none"> a. Involvement of the young person and family in planning the discharge b. Evaluation of achievement of agreed goals c. Ensuring the young person and family have an agreed 'Letting Go' plan covering all aspects of QS GR-196 including, where appropriate, easy re-access to the service d. Communicating the 'Letting Go' plan to the young person's GP and any other agencies involved in their care 	Y	Guidance was in place but notes seen by reviewers did not include 'letting go' plans.	Y	Guidance was in place but notes seen by reviewers did not include 'letting go' plans.

Ref	Quality Standard	Met? Y/N	Walsall	Met? Y/N	Dudley
			Reviewer Comments		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> <ol style="list-style-type: none"> Involvement of the young person and, where appropriate, their carer in planning the transfer of care Involvement of the young person's GP Joint meeting between CAMHS and adult services to plan the transfer Allocation of a named coordinator for the transfer of care A preparation period prior to transfer and, if appropriate, a period of shared care Arrangements for monitoring during the time immediately after transfer Care Programme Approach documentation (if applicable) 	Y	A policy was in place although it was not clear that this was fully implemented. In particular, staff of the learning disabilities team did not appear aware of the expected transition process.	Y	A policy was in place although it was not clear that this was fully implemented. Parents who met the visiting team reported that their children were concerned about transition.
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> <ol style="list-style-type: none"> Consent Lone working Medicines management Health and safety Restraint and sedation Mental Capacity Act Deprivation of Liberty Safeguards (services caring for people aged 18 and over) Safeguarding 	Y		Y	

Ref	Quality Standard	Met? Y/N	Walsall	Met? Y/N	Dudley
			Reviewer Comments		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) iii. Initial appointment and allocation of a case manager (QS GR-503) iv. Care Planning and Review of Care Plans (Qs GR-104, 105 503 & 504), including communication with referring services and GPs v. Responding to children's, young people's and families' queries or requests for advice by the end of the next working day (QS GR-106) vi. Liaison with paediatric in-patient services about the care of children and young people with mental health problems c. Responsibility for giving information to children, young people and families at each stage of the care pathway d. Access to clinical information at all times, including by the 24/7 crisis response service e. Provision of advice, guidance and supervision to universal (Tier 1) and other referring services (QS GA-202) f. Risk-based arrangements for follow up of children and young people who 'do not attend' or 'do not engage' for any reason including, where appropriate, assertive approaches to engaging young people and families 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>The requirements of the Quality Standard were covered by several policies.</p> <p>Development of a case management policy or protocol may be helpful as this would bring together several aspects of case management.</p>	Y	<p>The requirements of the Quality Standard were covered by several policies. Development of a case management policy or protocol may be helpful as this would bring together several aspects of case management.</p>

Ref	Quality Standard	Met? Y/N	Walsall	Met? Y/N	Dudley
			Reviewer Comments		Reviewer Comments
GR-602	<p>Participation in Local Planning and Coordination Group</p> <p>A representative of the service should attend all meetings of the Group coordinating the development and implementation of the Local Child and Young People's Emotional Health and Well-Being Strategy (QS GZ-604).</p>	Y	Star Groups' were in place.	Y	A new 'Children's Alliance' group had formed shortly before the review visit.
GR-603	<p>Joint Working between Local CAMH Services</p> <p>If targeted (Tier 2) and specialist (Tier 3) services are provided by separate teams, written arrangements should be in place covering:</p> <ol style="list-style-type: none"> a. Advice from the specialist CAMH service on: <ol style="list-style-type: none"> i. Training of staff in the non-specialist service ii. Supervision of staff in the non-specialist service iii. Referral management, assessment, clinical and other guidelines in use in the non-specialist service (QS GR-500s) b. Criteria and arrangements for referral and handover between the services c. Indications and arrangements for joint discussion of the care of young people, including those where involvement of a consultant child and adolescent psychiatrist may be appropriate d. A joint meeting at least annually to review liaison between the services and address any problems identified <p>If specialist (Tier 3) services and intensive home support are provided by separate teams, written agreements should be in place covering:</p> <ol style="list-style-type: none"> e. Criteria for referral and handover of information between the services f. Indications and arrangements for joint discussion of the care of young people g. A joint meeting at least annually to review liaison between the services and address any problems identified 	N	Written arrangements were not yet in place between the local CAMH services. In practice there was liaison with Tier 2 nurses working in schools.	N	See main report (further consideration section).

Ref	Quality Standard	Met? Y/N	Walsall	Met? Y/N	Dudley
			Reviewer Comments		Reviewer Comments
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 rolling programme of training was not commissioned. In practice staff did provide training to staff on the paediatric wards and to teachers through their Behavioural Support Team and School Link Workers.	N	A rolling programme of training for universal services was not yet in place
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		Y	
GR-606	<p>Liaison with Other Services (Specialist Services only)</p> <p>Review meetings to consider liaison arrangements and address any problems identified should be held at least annually with:</p> <ol style="list-style-type: none"> Acute and community paediatrics Child development services Social services including foster care and adoption Education and education support services Youth justice services 	N	Review meetings were in place with acute paediatric services but reviewers did not see evidence in relation to other services.	N	Links with general paediatrics and youth justice services were working well but reviewers saw no evidence of review meetings.

Ref	Quality Standard	Met? Y/N	Walsall	Met? Y/N	Dudley
			Reviewer Comments		Reviewer Comments
GR-701	<p>Data Collection</p> <p>Regular collection and monitoring of data should be in place, including data on:</p> <ul style="list-style-type: none"> a. Referrals to the service, including source and appropriateness of referrals b. Number of children and young people cared for by the service and therapeutic interventions undertaken c. Time from referral to screening, initial appointment and allocation of a case manager d. Length of each episode of care provided by the service e. Number of crisis responses, in and out of hours, and response times f. Outcome of assessments and therapeutic interventions, including self-reported outcomes g. 'Did Not Attend' rates or other measures of non-engagement with the service h. Number of referrals to Tier 4 CAMHS, and young people with inappropriate delays for a Tier 4 bed (Specialist Services only) i. Number of discharges from the service and type of care after discharge j. Other commissioned activity undertaken by the service k. Relevant NICE Quality Standards l. Key performance indicators (QS GR-703) 	N	See main report (concerns section) in relation to availability of data on waiting times. Most other data were collected although it was not clear how regularly these were reviewed. Data on outcomes of assessments and therapeutic interventions were not available.	N	Most data were collected although it was not clear how regularly these were reviewed. Data on outcomes of assessments and therapeutic interventions were not available.

			Walsall		Dudley
Ref	Quality Standard	Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
GR-702	<p>Audit</p> <p>The services should have a rolling programme of audit of compliance with:</p> <ul style="list-style-type: none"> a. Appropriateness of referrals b. Evidence-based clinical guidelines (QS GR-500s) c. Standards of record keeping including recording for each young person: <ul style="list-style-type: none"> i. Care Plan and review date ii. Agreed goals and whether these are achieved iii. Problem formulation or diagnosis d. Timescales for key milestones on the care pathway 	N	Case note audit had not yet been undertaken. Reviewers saw a template for a case note audit. A rolling programme of audit covering the requirements of the Quality Standard was not yet in place.	N	Some audits had been undertaken including audit of implementation of some NICE guidance. It was not clear that care plans had been audited. Good data on deliberate self-harm were available.

Ref	Quality Standard	Met? Y/N	Walsall	Met? Y/N	Dudley
			Reviewer Comments		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> <ol style="list-style-type: none"> Response to 'crisis' referrals: <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 Screening of referrals and contact if considered at high risk within one working day Preliminary decisions of appropriateness and response to all referrals within five working days Initial appointment within a maximum of: <ul style="list-style-type: none"> Five working days of referral and sooner if indicated (urgent referrals) Four weeks of referral (routine referrals) Start of detailed assessment and/or therapeutic interventions within a maximum of four weeks of initial appointment 	N	Key performance indicators were not clearly defined and so were not regularly reviewed.	N	Key performance indicators were not clearly defined and so were not regularly reviewed.
GR-798	<p>Multi-disciplinary Review and Learning</p> <p>The service should have multi-disciplinary arrangements for:</p> <ol style="list-style-type: none"> Review of and implementation of learning from positive feedback, complaints, outcomes, incidents, 'near misses' and children, young people and families who 'do not attend' Review of and implementation of learning from published scientific research and guidance Ongoing review and improvement of service quality, safety and efficiency 	Y		Y	See good practice section of main report in relation to Monday meetings.

Ref	Quality Standard	Met? Y/N	Walsall	Met? Y/N	Dudley
			Reviewer Comments		Reviewer Comments
GR-799	<p>Document Control</p> <p>All policies, procedures and guidelines should comply with Trust (or equivalent) document control procedures.</p>	N	Trust-wide documents and leaflets were document controlled but some of the service information did not have appropriate document control, for example, the Quality Framework for Tier 3.5, referral criteria for the family therapy and looked-after children services.	N	Trust-wide documents and leaflets were document controlled but some of the service information did not have appropriate document control.

Return to [Index](#)

COMMISSIONING

			Walsall		Dudley
Ref	Quality Standard	Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
GZ-601	<p>Needs Assessment and Strategy</p> <p>The commissioner should have an up to date:</p> <ol style="list-style-type: none"> a. Assessment of the needs of local children and young people at risk of or with emotional well-being or mental health problems including the specific needs of: <ol style="list-style-type: none"> i. Children and young people from black and ethnic minority groups ii. Children and young people with learning difficulties iii. Looked After Children iv. Young offenders v. Other high risk groups b. Strategy for the development of services for the care of local children and young people at risk of or with emotional well-being or mental health problems 	Y		N	Some aspects of the Quality Standard were covered by the transformation plan. Transformation plan funding was being used to carry out a needs assessment. Reviewers suggested that commissioners should involve provider services in this work.
GZ-602	<p>Prevention and Early Intervention Programme</p> <p>A comprehensive prevention and early intervention programme from conception to five years should be commissioned which should include:</p> <ol style="list-style-type: none"> a. Appropriate psychological and other interventions for antenatal and perinatal mental health problems b. Specialist parent-infant psychological therapy for those experiencing attachment difficulties c. Targeted preventive interventions where significant risk is identified 	Y	Prevention and early intervention services were available although it was not clear if these met all of the needs identified.	N	Evidence of compliance with this Quality Standard was not available.

Ref	Quality Standard	Met? Y/N	Walsall	Met? Y/N	Dudley
			Reviewer Comments		Reviewer Comments
GZ-603	<p>Commissioning of Services</p> <p>Services to meet the needs of local children and young people at risk of or with emotional well-being or mental health problems should be commissioned, including:</p> <ul style="list-style-type: none"> a. Targeted services, including multi-agency support for children and families with multiple problems b. Specialist services c. 24/7 crisis support d. Intensive home support (7/7) <p>Commissioning of each service should specify:</p> <ul style="list-style-type: none"> d. The service's role in the provision of targeted and/or specialist care of children and young people with emotional well-being or mental health problems within the local care pathway e. Criteria for referral to and discharge from the service f. Age range of children and young people cared for by the service g. The range of therapeutic interventions offered by the service (QS GR-203) h. Timescales for key milestones on the care pathway and other key performance indicators (QS GR-701) i. The service's role in the provision of: <ul style="list-style-type: none"> i. Training programme for universal services (QS GA-201) ii. Advice, guidance and supervision to universal services (QS GA-202) iii. Prevention and early intervention (QS GZ-602) iv. Care for children and young people from outside the local area who are placed locally <p>The range of services commissioned should ensure comprehensive care for children and young people at risk of or with emotional well-being or mental health problems, including those with learning disabilities, Looked After Children, young offenders and other high risk groups.</p>	N	See main report (commissioning section)	N	See main report (commissioning section). Also, the service specification was out of date.

Ref	Quality Standard	Met? Y/N	Walsall	Met? Y/N	Dudley
			Reviewer Comments		Reviewer Comments
GZ-604	<p>Local Planning and Coordination Group</p> <p>Local commissioners should ensure that a multi-agency Local Planning and Coordination Group meets regularly to review implementation of the Local Children and Young People’s Emotional Health and Well-Being Strategy and address any problems with coordination of local services. The Group should involve representatives of at least:</p> <ol style="list-style-type: none"> All providers of targeted and specialist CAMH services Education providers Social services Acute and community paediatric services Primary health care Substance misuse services Youth Offending Team 	Y	Several groups were in place including task and finish groups, service transformation and redesign groups, strategy and transformation plan development group and a needs assessment strategy group. A mental health programme board was also running.	N	A Children's Alliance Group had been formed shortly before the review visit but reviewers did not see terms of reference or membership of this group.
GZ-605	<p>Regional Planning and Coordination Group</p> <p>Commissioners should ensure a Regional Planning and Coordination Group meets regularly to review implementation of regional strategies and address any problems with coordination between Tier 4 and local services.</p>	Y		Y	

			Walsall		Dudley
Ref	Quality Standard	Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
GZ-701	<p>Quality Monitoring</p> <p>The commissioner should monitor key performance indicators and aggregate data on activity and outcomes from the service at least annually.</p>	N	Although not formally monitored, considerable work had taken place over the previous three years on these issues. A set of key performance indicators had been developed and was in the process of being formally agreed. WPH and KOOH (Xenzone) regularly reported performance data to the adult mental health commissioners.	N	The service contract did not include detailed key performance indicators and reviewers saw no evidence of commissioner monitoring of the quality of local services.

Return to [Index](#)