WM QRS West Midlands Quality Review Service

NHS

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

Coventry and Warwickshire Health and Social Care Economy

Visit Date: 15th & 16th July 2014 Report Date: October 2014

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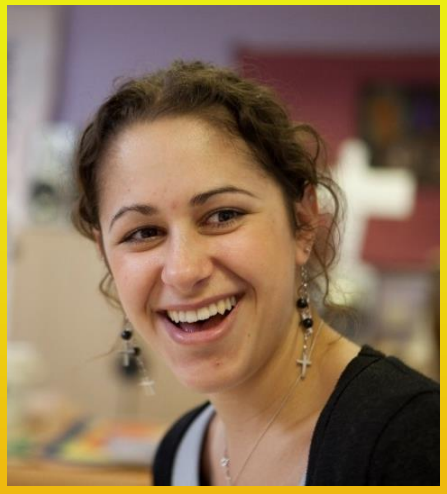

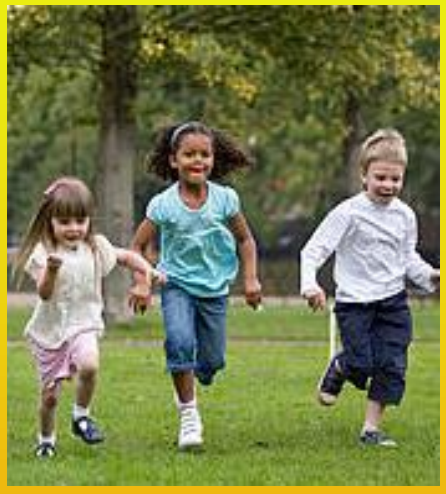

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INTRODUCTION

This report presents the findings of the review of Coventry and Warwickshire services for children and young people's emotional health and well-being that took place on 15th and 16th July 2014. The purpose of the visit was to review compliance with the following West Midlands Quality Review Service (WMQRS) Quality Standards:

- Towards Children and Young People's Emotional Health and Well-Being Quality Standards for Local Services, Draft 9, April 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 who reviewed the services in Coventry and Warwickshire health and social care economy. Appendix 2 contains the details of compliance with each of the standards and the percentage of standards met.

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

- Coventry and Warwickshire MIND
- Coventry and Warwickshire Relate
- Coventry and Warwickshire Partnership NHS Trust (CWPT)
- Coventry City Council
- Warwickshire County Council
- NHS Coventry and Rugby Clinical Commissioning Group (CCG)
- NHS Warwickshire North Clinical Commissioning Group (CCG)
- NHS South Warwickshire Clinical Commissioning Group (CCG)

Many 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.

ABOUT WEST MIDLANDS QUALITY REVIEW SERVICE

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

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

ACKNOWLEDGMENTS

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

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

This review looked at 'Towards children and young people's emotional health and well-being', including pathways of care for children and young people with emotional well-being or mental health-related problems, across Coventry and Warwickshire.

Services across the local pathway are shown in table 1. The WMQRS review did not look in detail at the Warwickshire Primary Mental Health Service or the Warwickshire Mental Health Interventions for School Children Framework Agreement. The specialist child and adolescent mental health service (CAMHS) Coventry team was reviewed by the Royal College of Psychiatrists' Quality Network for Community CAMHS in May 2014, and so this review did not look in detail at this team. The Coventry team had taken on responsibility for Rugby and so services for the Rugby area were also not reviewed in detail. The report of the Royal College of Psychiatrists' review was seen by the WMQRS reviewers and used as background information. Specialist CAMH services were provided on a Coventry and Warwickshire-wide basis and so the findings below are likely also to apply to services in Coventry.

Commissioning of these pathways across Coventry and Warwickshire was considered by the visiting team although they did not have the opportunity to meet South Warwickshire commissioners on the day of the visit. A telephone call with South Warwickshire CCG Director of Strategy and Engagement took place before the review and comments were conveyed to the visiting team. South Warwickshire CCG was concerned about the relationship between the review visit and ongoing work on redesign of the pathway (see commissioning section of this report).

All services had relatively little time to prepare for the review. The draft Quality Standards used for the review were not available until April 2014, although Coventry and Warwickshire providers and commissioners were involved in the development of the Standards during 2013/14.

Table 1 Coventry and Warwickshire Children and Young People's Emotional Health and Well-Being Pathway

Tier	Description	Service and Provider	Commissioned by
Tier 1: Universal Services	Primary mental health to support professionals (e.g. teachers, social workers, GPs) address low level issues and refer as required.	Integrated Primary Mental Health Service (hosted by Coventry City Council in partnership with CWPT, Relate and Coventry and Warwickshire MIND.)	Coventry City Council (CCC) and Coventry and Rugby CCG
		Primary Mental Health Service (CWPT)	Warwickshire County Council (WCC)
Tier 2: Targeted	Targeted early intervention services to prevent emerging emotional well-being and mental health issues from escalating.	Reach (Coventry and Warwickshire MIND in partnership with Relate)	WCC & CCC
		Journeys (Looked After Children service) (Coventry and Warwickshire MIND in partnership with Relate)	WCC & CCC
		Mental Health Interventions for School Children (Framework agreement) (Warwickshire only) (Various providers)	WCC
Tier 3: Specialist	Specialist services to address moderate to severe mental health needs.	Specialist CAMHS (CWPT)	Coventry and Rugby CCG, Warwickshire North CCG & South Warwickshire CCG

UNIVERSAL SERVICES

INTEGRATED PRIMARY MENTAL HEALTH SERVICE (COVENTRY)

The Integrated Primary Mental Health Service had been operational in Coventry since September 2013. The service was provided through collaboration between Coventry City Council, Coventry and Warwickshire Partnership NHS Trust, Relate and Coventry and Warwickshire MIND. The service was within the Coventry City Council management structure and reported to the Educational Psychology service. The service provided training, consultation and advice, joint planning with professionals working in universal services, and school-based individual work with young people. Since January 2014 the service had received an average of 23 referrals per month, had provided general advice to 377 people and (Q1) had undertaken 79 assessments. Training had had a high profile with 95 courses run between January and June 2014 and 1,872 universal services training attendees.

General Comments and Achievements

The Integrated Primary Mental Health Service was starting to work well with universal services. Strengths and Difficulties Questionnaires (SDQ) were being used to assess needs. Links with schools had improved, especially since training had become more targeted on the level of need.

Good Practice

1 The model of service provision enabled good integration between voluntary sector and NHS providers. This arrangement was working well and was helping to ensure access for appropriate children and young people to targeted and specialist services. The model also ensured that staff working with universal services spent part of their working week in specialist or targeted services and so were able to maintain their competences.

Immediate Risks: No immediate risks were identified.

Concerns: No concerns were identified.

Further Consideration

1 Clarification of the threshold for the 1:1 therapeutic offer may be helpful. Reviewers considered that there may be overlap between the 1:1 offer from the Integrated Primary Mental Health Service and that provided by targeted services. This may become particularly important as the service becomes better known and the number of referrals increases.

2 As the service develops, use of the SDQ to measure the impact and outcome of interventions may be helpful.

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SINGLE POINT OF ENTRY

General Comments and Achievements

The Single Point of Entry (SPE) was run as a collaboration between Reach, Journeys and the specialist CAMHS service, and was hosted by CWPT. Reviewers were told that all referrals for targeted or specialist services were screened and triaged (either on paper or by discussion with the referrer) through SPE. In practice, some referrals appeared to by-pass SPE, including referrals from the Youth Offending Team (who undertook their own assessment and therapeutic interventions) or referrals of Looked After Children.

Immediate Risks: See Health and Social Care Overview section of this report.

Concerns

1 **Triage criteria and process**

The criteria and process for referral to Reach or to specialist CAMHS were not clearly defined and the clinical basis for the decisions taken by SPE was not clear to reviewers. Managers of the service considered that practice at the time of the review was clear but may require improved documentation.

Reviewers were told that approximately 40% of the time of staff working on SPE was taken up with concerns and enquiries about waiting times. These contacts were dealt with individually. Reviewers did not see any evidence of escalating the impact of the long waiting lists on staff working in SPE or of management action to address this.

Further Consideration

1 Reviewers did not see data on SPE staffing and so were not able to establish whether, in the absence of the waiting list problem, SPE would have sufficient staff for the role it was being expected to undertake.

2 Feedback from service users was that they did not receive clear information about their future assessments and care and about what to expect from services. Additional work with service users may be helpful in addressing this issue.

TARGETED SERVICES

REACH AND JOURNEYS SERVICE

Both Reach and Journeys were jointly commissioned by Warwickshire County Council and Coventry City Council and were provided by Relate and Coventry and Warwickshire MIND in collaboration.

Reach provided targeted services for children and young people with mild to moderate mental health issues between the ages of five and eighteen years. This included on-line information, factsheets, face-to-face counselling, group work and peer support. The service was available Mondays to Fridays, 9 am to 4.30 pm, with some services being provided on Saturdays and at weekends. On-line counselling was being developed and was due to be launched in the weeks after the review. Reach did not provide face-to-face work with parents and carers of young people aged over 11. For children under the age of 11 parents/carers were invited to initial assessment. At the time of the review Reach had a caseload of approximately 200 children and young people.

The Journeys service provided support to Looked After Children and young people living in Coventry and Warwickshire from birth to age 18. Direct care for children and young people was provided from age five, mainly for attachment-related issues. The service also worked with the 'network around the child' including foster carers, adopters and other professionals working with Looked After Children. A range of support, creative play, counselling, youth worker support, drop-in, small group work, telephone/text/email support and mentorship was available. At the time of the review Journeys had a caseload of approximately 125 Looked After Children.

General Comments and Achievements

Reach and Journeys services were provided by enthusiastic teams who were highly committed and keen to develop services for children and young people. The environment from which services were provided was pleasant and appropriate for children and young people. Despite Reach being operational for less than a year, many aspects of the service were in place and working well. Service user feedback was very positive about the care received, although young people commented that they had been unsure what to expect when they accessed the services. Reach had inherited an eight-week waiting list from the previous service provider.

Good Practice

1 Initial telephone triage was being used to manage the inherited waiting list and also to assess the risk of those on the waiting list.

2 Good perinatal and parenting support was provided. This ensured that interventions were available early and, hopefully, prevented future problems.

3 Service user involvement in planning and developing services was good. Considerable effort had gone into offering an appropriate range of activities such as a 'picnic in the park'.

4 Some staff spent part of their working week as part of the Integrated Primary Mental Health Service. This improved links with universal services and ensured that competences for the provision of targeted services were being maintained.

Immediate Risks: No immediate risks were identified.

Concerns

1 **Case notes**

Case notes were generally not well maintained. There was little evidence that staff were documenting agreed goals, reviews or the interventions that children and young people received. Goals were particularly poorly documented for those receiving 1:1 therapy. Some of the paper-based notes seen by reviewers did not include risk assessments. The system of recording diagnoses identified by referrers was not clear. Communication with services users, GPs and referring agencies was also not clearly documented although this may be because electronic case files were not seen by reviewers.

Further Consideration

1 Several different assessment forms were in use and it was not clear to reviewers which was to be used in any particular situation. Further work on integrating assessment documentation may be helpful.

2 An overarching competence framework and training plan for the services was not yet in place. Data for individual members of staff was available, and reviewers suggested that it would be helpful to pull this together into an overall competence framework and training plan.

3 The service contract was being used as the operational policy. Reviewers suggested that developing and sharing an operational policy may be helpful as this would allow a range of referring agencies to understand how the service worked.

4 Referral criteria for Reach were not yet finalised. At the time of the review all referrals with mild to moderate needs who were not suitable for specialist CAMHS were being accepted by the service. Reviewers suggested that it would be helpful to clarify the referral criteria and the relationship with criteria for 1:1 therapy in universal services.

5 Improving links and communication with nurses working with Looked After Children may be helpful. Reviewers were told that referrals were made to Journeys but referrers did not get feedback and so did not know what was happening to their clients.

6 At the time of the review, consideration was being given to moving to a 12 week cut-off for Reach interventions. It may be helpful specifically to discuss this with service users and carers and also specifically to evaluate the impact on outcomes of introducing the cut-off.

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SPECIALIST SERVICES

Specialist child and adolescent mental health services were provided by Coventry and Warwickshire Partnership NHS Trust. The service was divided into four main operational units: Coventry and Rugby, North Warwickshire, South Warwickshire and Specialist Learning Disabilities teams. Reviewers visited staff bases in Nuneaton, Leamington and Stratford where they met staff, visited facilities and looked at case notes. As mentioned above, the Coventry Team had been reviewed by the Royal College of Psychiatrists' Quality Network for Community CAMHS in May 2014 and so this review did not look in detail at the work of this team. A neuro-development disorders pathway was in the process of being set up, with a separate team providing services for this group of children and young people.

Reviewers did not meet any substantive consultant staff and so these perspectives may be under-represented in the review report. A telephone conference with some reviewers and three senior clinical staff did take place shortly after the review. Reviewers also did not see sufficient staffing data and so could not comment on whether staffing was sufficient for the service provided.

General comments and achievements

Specialist child and adolescent mental health services had transferred from the mental health management division of Coventry and Warwickshire Partnership NHS Trust to the children's services division approximately three years before the review. At that time the extent of problems with waiting times for treatment became apparent and, since then, considerable time and effort had been invested by the provider and by commissioners in trying to resolve the issue. A significant increase in referrals had, however, taken place and progress with reducing waiting times had not been sustained. The service had been under significant scrutiny during this period.

A management reorganisation had taken place in the months prior to the review, and staff reported that they were much clearer about responsibilities and about who to contact with concerns. Clinical leadership responsibilities were also clearer. An energetic and enthusiastic management team was starting to address the issues facing the service. Nine child and adolescent mental health consultant posts were in place and a formal 24/7 on call rota was run. At the time of the review four posts were occupied by locums, but one substantive consultant was due to start work in August 2014 and job descriptions for the other three posts had been approved. The Trust was confident that a further substantive appointment would be made in the near future.

The service was actively starting work on service user engagement and a 'Young Carer' project was already running. Service user feedback was that the service provided good care when users reached it.

Reviewers' general comments on individual teams were as follows:

a. **Nuneaton:** Facilities available were excellent and the setting and resources were very good although some notice boards were out of date. Case notes were generally not well maintained.

b. **Stratford:** Facilities and the environment were good including a pleasant garden. The team was planning to separate the waiting list for the approximately 60% of children and young people with possible autistic spectrum disorder from general referrals. Reviewers suggested that the impact of young people with multiple problems and the underlying capacity and demand issues may require further work. One of the CAMHS nurses had trained as a non-medical prescriber and was working within the Attention Deficit Hyperactivity Disorder (ADHD) and neuro-developmental pathways.

c. **Leamington Spa:** Facilities and the environment were good and tidy.

d. **Specialist Learning Disabilities Team:** Reviewers commented on differences in staffing and resources between geographical areas, although the manager and lead nurse had plans for bringing staff resources together in order to improve staff utilisation. Waiting times for an assessment were approximately two weeks. Goals were discussed with the family and a team discussion subsequently took place. The family were told approximately a week later whether the

team would be able to work with them. Limited information for parents was available and it may be helpful to develop this aspect of the service. The focus of the service was on developing coping strategies. Families needing an immediate response to problems were expected to contact the social care Emergency Duty Team. The manager and lead nurse had clear plans for tackling issues facing the service and reviewers considered that, when fully implemented, these plans should make a positive contribution to addressing the issues facing the team. Reviewers also suggested that the team may wish to take greater advantage of other sources of support available, including from voluntary organisations such as Autism West Midlands or from local authority services providing parenting support.

The Learning Disabilities Team completed a separate self-assessment against the Quality Standards. Reviewers did not consider that it would be helpful to the development of the team to include details of compliance in this report, but encouraged ongoing work to meet the Quality Standards.

Good Practice

1 The 'Current View' needs assessment tool had been implemented as part of the Trust's involvement in pilot work for the introduction of *Payment by Results* for child and adolescent mental health services.

Immediate Risks: See Health and Social Care Overview section of this report.

Concerns

1 **Patient pathway**

In addition to the issues relating to the response to crisis (see Health and Social Care Overview section of this report), reviewers were seriously concerned about the overall patient pathway, for a combination of reasons. The basis for this level of concern was that the difficulties had been known about for some time and, although some progress had been made, significant problems remained. Following discussion with senior clinical staff at Coventry and Warwickshire Partnership NHS Trust it was agreed that these issues would be categorised as a 'serious concern' rather than as an 'immediate risk'. Some actions were planned, but reviewers considered that the planned actions would be unlikely to resolve the issues facing the service (in the same way that previous actions had not led to a sustainable resolution). The review took place following a period of significant data collection, however, and the Trust and commissioners were in the middle of discussions about the most appropriate way forward.

In summary, the whole patient pathway did not appear to 'flow' in an efficient and effective manner and delays at several stages were apparent. Staff were aware of the waiting list problem and this was included on the Trust risk register. Other issues relating to the patient pathway appeared less well understood and actions to address these were not evident. Particular issues highlighted by reviewers were:

a. **Triage criteria and process:** See Single Point of Entry section of this report.

b. **Initial assessment and allocation of cases**

The criteria for deciding whether a child or young person was accepted by specialist CAMHS were not clear. No formalised process was evident and the acceptance and allocation decision appeared to depend on which member of staff undertook the initial assessment. At the time of the review, waiting times for initial assessment were approximately 18 weeks for a non-urgent non-medical appointment and 25 weeks for a consultant appointment. (Priority referrals were seen within one week.) A system of multi-disciplinary discussion following initial assessment was starting to be introduced to address this variation but this arrangement was not reflected in relevant documentation about the assessment process.

c. **Waiting list and waiting times**

Some children and young people waiting up to a year for the start of substantive therapeutic interventions (following their initial assessment and advice session). Data provided to reviewers showed that in Quarter 1 66% of referrals did not receive their first substantive intervention within 18 weeks of initial assessment. This percentage varied across the type of referral (neuro-developmental: 56%; emotional: 63%; and complex: 91%) and between geographical areas (North Warwickshire: 43%; Stratford: 81%; Leamington: 65% and Coventry: 80%). Reviewers were later told that urgent referrals seen by consultants during the waiting period may be excluded from these data.

Arrangements for clinical review and clinical risk assessment of patients on the waiting list were not clear, although reviewers were told that team leaders reviewed cases on the waiting list for their team fortnightly, and monthly formal management meetings looked at the numbers on the waiting list and waiting times. The policy in the Leamington team was that those on the waiting list would be telephoned every 12 weeks but both verbal and case note evidence was that this did not happen. This may have been because this policy was being introduced at the time of the review. Arrangements in other parts of Coventry and Warwickshire were not clear.

Letters were sent to those on the waiting list offering the opportunity for telephone or face-to-face contact. If no response was received, the young person was discharged from the service. Reviewers were assured by senior clinical staff that a clinical risk assessment was undertaken prior to discharge by the teams in all geographical areas.

d. **Documentation of care plans and goals**

Care plans and expected outcomes were not being clearly identified and monitored. It was therefore also not clear whether the expected outcomes had been achieved. Reviewers saw no evidence that the service was following the Care Programme Approach (CPA) for young people with complex needs although they were later told that this was being introduced at the time of the review. Arrangements for review of care plans were not clear, partly because the initial plan was not clearly identified.

There was more evidence of documented care plans in the case notes of the Learning Disability team although goals were sometimes changed without the reason for this being documented.

e. **Clinical guidelines and thresholds**

Thresholds for the different types and levels of intervention, including step up and step down thresholds, were not clearly defined. Localised clinical guidelines and operational policies were not yet in place. Systematic approaches to assessing and treating children and young people were therefore not evident. It appeared to reviewers that individual clinicians provided therapeutic interventions based on their previous experience and clinical judgement. Reviewers were told that interventions were based on NICE guidance, but it was not clear how NICE guidance was being interpreted locally. There was no evidence of audits to provide assurance of NICE guidance implementation, and the governance dashboard was red for the return of baseline assessments in relation to NICE guidance.

Criteria for discharge from the service (or step down to targeted or universal services) were not clear. Reviewers saw some evidence that capacity was not being used in the most effective way (for example, a parent and child had been seen three times per week for the last three to four years without documented clinical indications for this, a child had been seen for two years with a diagnosis of 'emerging ASD', and there were examples of multiple involvement of clinicians without clear rationale or pathways). Reviewers also considered that the service may be having to provide more interventions because of the length of waiting times.

f. **Transition**

Reviewers were given several different understandings of the age at which young people were expected to transfer to adult services. Commissioners and the service specification stated that "in 2014 the upper age limit for CAMHS will be 18 years". Several of the CAMHS staff said that the service only accepted young people up to the age of 17. Service managers said that young people aged over 17 were transitioned to adult services (if appropriate) with CPA in place. Service managers also said that referrals of young people aged 16 were prioritised, although this was not evident in the documentation seen by reviewers. Reviewers were therefore unclear whether, in practice, routine referrals of young people aged over 16 would receive a service. Reviewers were told, however, that the adult Improving Access to Psychological Therapies (IAPT) service would accept referrals from age 16 and that Journeys would accept self-harm referrals up to age 18 and other referrals up to age 17.

2 **Looked After Children**

It was not clear that pathways to specialist CAMHS were functioning effectively for Looked After Children. Some of the documentation seen by reviewers stated that the CAMH service was not commissioned to provide services for Looked After Children. In practice, a CAMHS link worker worked with the Journeys service and would, if appropriate, arrange for a member of the CAMHS team to see a Looked After Child. If the link worker was on leave, Journeys staff tried to 'step up' to specialist CAMHS through the SPE, and some joint work between specialist CAMHS and Journeys did take place. Other arrangements could also apply in South Warwickshire.

3 **Activity and outcomes data**

Despite their experience within similar services, reviewers found the data on specialist CAMHS referrals and activity levels to be difficult to understand. The data suggested that many patients were staying in the service for over a year. Reviewers considered that the data may not be accurate. If not accurate, it was not clear on what basis the service, including waiting lists, was being managed. If the data were accurate, they presented a very worrying picture of long delays and long stays within the service. Reviewers did not see data on the effectiveness of the service, including whether young people were achieving their agreed goals.

Further Consideration

1 A good Trust-defined assurance framework was in place but it was not clear that this was being actively used by staff to highlight the problems in the service. Staff, especially in SPE, appeared stressed by the long waiting times and associated concerns raised by parents, and reviewers saw some evidence that other staff may have become resigned to or accepting of the situation. Reviewers considered that complaints and clinical incidents may therefore not be as actively reported as in other services.

2 Both CWPT and commissioners acknowledged that working relationships and openness had improved. Reviewers suggested that even greater transparency about the service and its problems may be helpful. For example, a paper proposing additional resources for the establishment of the neuro-developmental team did not make clear how the financial implications had been calculated, what assumptions had been made about staffing levels and whether capacity would be sufficient to meet expected demand. A capacity and demand study had been undertaken in response to the increasing waiting list. This clearly documented the increase in referrals (demand) to the service. The study had no information about the available capacity and how it was being used or could be used more effectively. This issue links with points made above about the apparent lack of active management of the patient pathway because clinical thresholds and expected interventions were not clearly defined. Staffing data and activity assumptions were also not included in any of the capacity and demand work seen by reviewers. Reviewers considered that even greater openness and active cooperation with commissioners would be fundamental for the successful resolution of the issues identified in this report.

3 Clinical records seen by reviewers were not generally well maintained although an annual audit of clinical record-keeping was undertaken across all Trust services.

4 Reviewers were assured that a) regular clinical risk assessment of young people on the waiting list took place, and b) a clinical risk assessment would be undertaken prior to discharge for all young people who were to be discharged because they did not respond to a 'waiting list cleaning' letter. Reviewers recommended that the Trust should audit both of these issues to assure themselves that these measures are firmly embedded throughout Coventry and Warwickshire.

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COMMISSIONING

General Comments and Achievements

Commissioners of health and social care for children and young people were working well together and were considering further moves towards joint commissioning. Commissioners were forward-thinking, with a clear vision for the future development of services. The importance of early intervention had been recognised through the development of integrated primary mental health services, although reductions in this service had had to be made in South Warwickshire. Commissioners were also aware of the need to reduce demand on specialised CAMHS and for the development of intensive home support to reduce admissions to and length of stay in in-patient care. Commissioners were actively working with service users and their families to redesign and, possibly, re-procure children's emotional health and well-being services.

Reviewers were told that in Warwickshire the Common Assessment Framework manager commissioned specialist CAMHS emotional well-being interventions for young people with a Common Assessment Framework from 11 possible providers (on the MHISC Framework), partly because of the difficulty in accessing the CWPT specialist CAMH service when required.

Immediate Risks: See Health and Social Care Overview section of this report.

Concerns

1 Concerns identified in all sections of this report will require the involvement of commissioners if they are to be successfully resolved:

   a. Single Point of Entry:

      i. Triage criteria and process

   b. Targeted Services:

      i. Case notes

   c. Specialist Services:

      i. Patient pathway

      ii. Activity and outcomes data

2 **Looked After Children**

   It was not clear that pathways to specialist CAMHS were functioning effectively for Looked After Children. Some of the documentation seen by reviewers stated that the CAMHS service was not commissioned to provide services for Looked After Children. In practice, a CAMHS link worker worked with the Journeys service and would, if appropriate, arrange for a member of the CAMHS team to see a Looked After Child. If the link worker was on leave, Journeys staff tried to 'step up' to specialist CAMHS through the SPE and some joint work between specialist CAMHS and Journeys did take place. Other arrangements could also apply in South Warwickshire.

3 **Intensive home support**

Intensive home support was not yet commissioned for Coventry and Warwickshire, and reviewers were told of a high rate of admission to in-patient CAMHS. Commissioners were aware of this issue and considering ways in which it could be addressed.

Further Consideration

1 Active work with Coventry and Warwickshire Partnership NHS Trust, especially on understanding activity, staffing and outcomes data, will be required in order for a way forward on issues facing specialist CAMH services to be agreed.

HEALTH AND SOCIAL CARE OVERVIEW

General Comments and Achievements

The pathway of care for children and young people's emotional health and well-being across Coventry and Warwickshire had many positive aspects as described elsewhere in this report. Providers and commissioners were generally working well together to improve services and responsiveness to the needs of children, young people and their families. A Coventry and Warwickshire service redesign board was looking at future options for the commissioning of the children and young people's emotional health and well-being pathway.

Immediate Risks

1 **Crisis Response**

The response to children and young people with a mental-health related crisis was considered to be an immediate risk to clinical safety and clinical outcomes across Coventry and Warwickshire. Reviewers were particularly concerned about two issues:

a. The pathways for crisis response were not clear and there was some ambiguity about the service's response to crisis referrals.

b. Timescales for availability of a mental health assessment from the Coventry and Warwickshire Partnership NHS Trust (CWPT) specialist service were too long, especially in South Warwickshire where a child or young person could often wait up to three days, and up to five days on a Bank Holiday weekend.

The detailed information on which reviewers based this conclusion was as follows:

Self-harm

Reviewers were told that self-harm referrals to the CWPT specialist service had increased by approximately 20% per annum since 2011/12. At University Hospitals Coventry and Warwickshire NHS Trust (UHCW) there could be up to six admissions from the Emergency Department due to drug overdoses per day and approximately 10 to 12 young people with self-harm could be on the paediatric wards at any one time. At South Warwickshire NHS Foundation Trust (Warwick Hospital) approximately eight young people per month were admitted with self-harm. This had increased from one to two admissions per month approximately two years ago. A self-harm rota was available. The service to University Hospital Coventry comprised two staff and was available daily (Monday to Friday). The service to Warwick Hospital was available only four days a week. Tuesday was not covered and reviewers were told that sometimes the service was not available on Thursdays. Children and young people who attended George Eliot Hospital would normally be admitted to the paediatric wards at University Hospital Coventry. UHCW had appointed a liaison nurse for children's mental health problems and reviewers were told that this had improved links between paediatric and specialist mental health services.

At Warwick Hospital referrals received by the self-harm team between 9 am and 11.30 am were seen the same day. Referrals received after 11.30 am were seen the next working day that the service was

available. Reviewers were given examples of children and young people waiting several days, although CWPT considered that the emergency and urgent referrals were seen within two days and five days respectively. Reviewers were told that historically children and young people with self-harm who presented to the Emergency Department at Warwick Hospital were not admitted to the paediatric wards. Discussions had taken place and an increasing proportion of these young people were now being admitted. It was not clear to reviewers that NICE guidance on the care of children and young people with self-harm was being followed at Warwick Hospital. If not, the risk assessment, and the arrangements to ensure that those not admitted were given information, advice and a clear route for access to services, were not clear.

At both University Hospital Coventry and Warwick Hospital the arrangement for contacting the self-harm team was that paediatric ward staff would ring the specialist team. Systems for prioritisation of response and ongoing communication with ward staff about response times were not apparent. Reviewers suggested that a more proactive approach by the self-harm teams could help to improve liaison, and help children and young people, families and ward staff.

Outside normal working hours, a child and adolescent consultant psychiatrist was available. Referrals would be seen initially by the Senior House Officer on call who would discuss the case with the on call child and adolescent psychiatrist. If indicated, the consultant would come in and see the young person. Reviewers did not have information about how well these arrangements were working, especially at Warwick Hospital.

Commissioners had developed a self-harm related CQUIN with the aim of encouraging earlier intervention.[1]

Other crises

The pathway for other crises, for example, possible psychoses, was not clear. Reviewers were told that the Single Point of Entry (SPE) service would triage referral and, if this service considered the case to be a crisis, would give advice that the young person and family should attend an Emergency Department. If an emergency medical response was indicated then this would be available within 48 hours and a non-medical emergency response would be available within six to eight weeks. Other staff said that an emergency response was available within 48 hours and an urgent response within one week. The SPE 'Referral Advice Booklet' stated that urgent assessments were available in 24 to 72 hours. The criteria for the definition of emergency or urgent referrals were not clear. The 'Referral Advice Booklet' also stated "CAMHS is not an emergency service and has no capacity to offer immediate response to crisis situations". This perspective was echoed by comments from the Trust that it was not commissioned to provide a crisis service.

In relation to depression, self-harm and psychosis the booklet stated "We would ask that 'urgent' referrals are not made by professionals prior to holiday periods when they will not be available for consultation, in such cases referrals need to be directed via GPs". The status of the 'Referral Advice Booklet' was not clear at the time of the review although this was later clarified as a draft document. Reviewers were concerned that, whether or not it was a finalised document, it may reflect the advice being given by the SPE. Reviewers were also told that sometimes the adult crisis team would accept young people aged 16 and over but that this was variable.

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[1] This CQUIN was in place for North Warwickshire and Coventry and Rugby. Reviewers were not certain whether this also applied to South Warwickshire.

APPENDIX 1 MEMBERSHIP OF VISITING TEAM

Visiting Team

Dr Maganty Aparna	Consultant Psychiatrist	The Royal Wolverhampton NHS Trust
Dr Daya Fernandopulle	CAMHS Consultant	Birmingham Children's Hospital NHS Foundation Trust
Sarah Hogan	Transformation Lead CAMHS Clinical	Black Country Partnership NHS Foundation Trust
Kal Johal	Therapeutic Service Programme Manager	Murray Hall Community Trust
Angela Kirton	Commissioning Manager, Joint Commissioning Unit, Adult Services and Health Directorate	Worcestershire County Council
Dr Simon Lalonde	Consultant Clinical Psychologist (CAMHS)	Birmingham Children's Hospital NHS Foundation Trust
Julie Newton	Support Officer, Children's Division	Black Country Partnership NHS Foundation Trust
Tonita Whittier	Acting CAMHS Case Manager	NHS England, Birmingham, Solihull and Black Country Area Team

WMQRS Team

Jane Eminson	Acting Director	West Midlands Quality Review Service
Sarah Broomhead	Assistant Director	West Midlands Quality Review Service

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APPENDIX 2 COMPLIANCE WITH 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 2 summarises the percentage compliance for each of the services reviewed.

Table 2 - 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	6	75%
Primary Mental Health - Coventry	(4)	(3)	75%
Primary Mental Health - Warwickshire	(4)	(3)	75%
Targeted Service: Reach and Journeys Service	42	22	52%
Specialist Child & Adolescent Mental health Services: North Warwickshire & South Warwickshire	49	19	39%
Commissioning	6	5	83%
Health and Social Care Economy	**105**	**52**	**50%**

Pathway and Service Letters:

These generic Standards use the mental health pathway letter 'G'. The Standards are in the following sections:

GA-	Mental Health Pathway	Universal Services (Tier 1)
GR-	Mental Health Pathway	Targeted and Specialist Child and Adolescent Mental Health Service (Tiers 2, 3 and 3.5)
GZ-	Mental Health Pathway	Commissioning

Topic Sections: Each section covers the following topics:

-100	Information and Support for Children, Young People and Families
-200	Staffing
-300	Support Services
-400	Facilities and Equipment
-500	Guidelines and Protocols
-600	Service Organisation and Liaison with Other Services
-700	Governance

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UNIVERSAL SERVICES

COVENTRY INTEGRATED PRIMARY MENTAL HEALTH SERVICE

		Primary Mental Health – Coventry		Primary Mental Health – Warwickshire	
Ref	**Standard**	**Met?**	**Comments**	**Met?**	**Comments**
GA-101	**Information for Children, Young People and Families** Information for children, young people and families should be available, covering at least: a. Health promotion, including smoking cessation, health eating, weight management, exercise, alcohol use, sexual and reproductive health b. Promoting emotional health, well-being and resilience c. Information about common emotional well-being and mental health problems in children and young people d. Services available in the local care pathway, their role, eligibility criteria including ages of children seen, and how to access them	Y	Information was available on the website covering help and support for young people and professionals. The Integrated Primary Mental Health Service would address 'a' as part of individuals' well-being. Generic health promotion was covered by other universal services. Written information was also available for professionals.	Y	Information was available on the website and in leaflets covering help and support for young people and professionals. CAMHS Website- Moodleton The Integrated Primary Mental Health Service would address 'a' as part of individuals' well-being. Generic health promotion was covered by other universal services. ASD parent groups and drop-in sessions were in place. Additional work to develop service user participation was also taking place.

		Primary Mental Health – Coventry		Primary Mental Health – Warwickshire	
Ref	**Standard**	**Met?**	**Comments**	**Met?**	**Comments**
GA-201	**Training Programme** A rolling programme of training should be run for staff working in universal services covering: a. Promoting emotional health, well-being and resilience b. Problem recognition c. Strategies to use with children with emotional well-being or mental health problems d. When and how to access to advice, guidance and supervision (QS GA-202)	Y	A comprehensive programme covering all aspects of health and well-being was in place. The Integrated Primary Mental Health Service teams were able to respond to demand and tailor education to different needs. Strength and Difficulties Questionnaires (SDQ) were used to identify the level of need, and schools could then request training and support. This process also made it possible to evaluate outcomes.	Y	A training programme was delivered by the Integrated Primary Mental Health Team.
GA-202	**Access to Advice, Guidance and Supervision** 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.	Y	The Integrated Primary Mental Health Service staff worked jointly with schools and with staff from other universal services.	Y	The Integrated Primary Mental Health Service staff worked jointly with schools and with staff from other universal services. Advice was also available Monday – Friday by contacting the Single Point of Entry service.

		Primary Mental Health – Coventry		Primary Mental Health – Warwickshire	
Ref	**Standard**	**Met?**	**Comments**	**Met?**	**Comments**
GA-501	**Guidelines** Guidelines should be in use covering: a. Promoting emotional health, well-being and resilience b. Advice and therapies for children and young people with less severe emotional well-being or mental health problems c. Services available in the local care pathway, their role and ages of children seen d. Indications and arrangements for urgent and routine referral to targeted or specialist CAMHS services and information to be sent with each referral e. Arrangements for access to telephone advice and guidance from targeted or specialist CAMHS services (QS GA-202)	N	Guidelines were not yet in place covering the requirements of the QS.	N	Guidelines were not yet in place covering the requirements of the QS.

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TARGETED AND SPECIALIST CHILD & ADOLESCENT MENTAL HEALTH SERVICES

Ref	Standard	Reach and Journeys Service		North Warwickshire & South Warwickshire	
		Met?	Comments	Met?	Comments
GR-101	**General Service Information** Information for children, young people and families should be easily available covering: a. Role of the service within the local care pathway and age of children and young people seen b. Organisation of the service, such as opening hours c. Options for home visits or therapeutic interventions in informal locations d. Staff and facilities available e. How to contact the service for help and advice, including out of hours	Y	Information was easily available on the reachcyp.org.uk website. Information was also displayed in the waiting area. A new Coventry & Warwickshire MIND website was due to be accessible from July 2014.	N	'c' and 'e' were not covered by the website information available.
GR-102	**Information for Children and Families Referred to the Service** The service should offer children, young people and families referred to the service written information covering: 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: a. The implications of children and young people's competence and capacity to consent b. The child or young person's right to access information about themselves d. Safeguarding and the service's responsibility to report concerns e. The role of the case manager and how to request a different case manager	Y		N	The website information did not cover 'c', 'd' or 'e'. Other information was available.

Ref	Standard	Reach and Journeys Service		North Warwickshire & South Warwickshire	
		Met?	Comments	Met?	Comments
GR-103	**Goal- and Problem-Specific Information** Information for children, young people and families should be available covering, at least: a. Support available to help them achieve their goals b. Brief description of their problem and its impact c. Possible complications and how to prevent these d. Pharmacological and non-pharmacological therapeutic interventions offered by the service, including support for parenting e. Possible side-effects of therapeutic interventions f. Symptoms and action to take if unwell g. DVLA regulations and driving advice (if applicable) h. Health promotion, including normal child development, smoking cessation, health eating, weight management, exercise, alcohol use, sexual and reproductive health, and mental and emotional health and well-being i. Sources of further advice and information	N	Information for 'a', 'b' and 'i' was available. Young people were sign-posted back to their GP for 'd' and 'f'. Information about goal-setting was theoretically available although it was not clear that this was always offered. 'Journeys' used the 'wheel of life', notes and a care plan. 'Reach' used target-setting as part of their group work.	N	Some information for children, young people and families was available but not information covering all aspects of the QS.

Ref	Standard	Reach and Journeys Service		North Warwickshire & South Warwickshire	
		Met?	Comments	Met?	Comments
GR-104	**Agreed Plan of Care** 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: 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 If required: g. Crisis management plan h. Risk assessment and risk management plan i. Any cultural or religious implications for therapeutic interventions or settings	N	Goal-setting did not appear to be robustly implemented. The service used Strengths and Difficulties Questionnaires. Goals were not specifically identified in the case notes seen by reviewers. The 'wheel of life' and associated interventions did not appear to be meeting the identified needs that were documented in the case notes. Risk assessments were not clearly identified. 'g', 'h' and 'I' were not met.	N	Care plans and goals were not clearly documented in the case notes seen by reviewers. See main report.
GR-105	**Review of Agreed Plan of Care** A formal review of the young person's Care Plan should take place as planned and, at least, six monthly. This review should involve the young person, where appropriate, their carer, and appropriate members of the multi-disciplinary team. The outcome of the review should be communicated in writing to the young person and, if appropriate, to the referring service and the young person's GP.	N	A 'planned review' policy was in place. The process for documenting formal reviews in the notes was not robust, however, and none of the notes seen had a review of the interventions or goals. Group reviews were undertaken.	N	Informal arrangements were in place. Reviews were undertaken verbally with families but the outcomes were not communicated in writing to the young person or the referring service. See also main report.

Ref	Standard	Reach and Journeys Service		North Warwickshire & South Warwickshire	
		Met?	Comments	Met?	Comments
GR-106	**Contact for Queries and Advice** Each young person's and, where appropriate, their carer should have a contact point within the service for queries and advice. If advice and support is not immediately available then the timescales for a response should be clear. Response times should be not more than the end of the next working day. All contacts for advice and actual response time should be documented.	N	Information was available but it did not cover response times. The website had some information about opening hours and how to contact the service.	N	Arrangements for contacting the service were not clear. Some young people said they would ring the Single point of Entry, whereas others would contact reception who would direct them to the correct person or a duty clinician. Reviewers also did not see evidence of recording and auditing of response times.
GR-107	**Case Manager** Each child and young person should have a nominated person responsible for the coordination of their care and for liaison with the child's GP, school and other agencies involved in their care.	Y		N	A named person responsible for the coordination of care was not clearly identified for all young people.
GR-195	**Transition to Adult Services** Young people choosing transition to the care of adult mental health services should be offered written information covering at least: a. Their involvement in the decision about transfer and, with their agreement, involvement of their family or carer b. A joint meeting between CAMHS and adult services to plan the transfer c. A named coordinator for the transfer of care d. A preparation period prior to transfer e. Arrangements for monitoring during the time immediately after transfer	N	The service self-assessed as 'not applicable' but, in practice, staff did hand over and transfer information to adult services.	N	Written information was not always given and arrangements for monitoring after transition were not clear. A transition policy and procedure was in place.

Ref	Standard	Reach and Journeys Service		North Warwickshire & South Warwickshire	
		Met?	Comments	Met?	Comments
GR-196	**'Letting Go' Plan** 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: a. Evaluation of achievement of agreed goals b. Care after discharge from the service (if any) c. Reintegration and return to normal activities d. Ongoing self-management and relapse prevention e. Possible problems and what to do if these occur including, where appropriate, arrangements for easy re-access to the service f. Who to contact with queries or concerns	Y	A 'closure and transfer' form was available. This was completed for service users receiving group therapy. Use for those receiving 1:1 interventions was less clear.	Y	
GR-197	**General Support for Families and Carers** Families and carers should have easy access to the following services and information about these services should be easily available: a. Interpreter services, including British Sign Language b. Independent advocacy services c. Complaints procedures d. Social workers e. Benefits advice f. *HealthWatch* or equivalent organisation g. Relevant voluntary organisations providing support and advice	N	Children, young people and families were referred to the website, which provided a link to 'I Relate'. It was not clear that this service was for parents. Only 'c' and 'g' were available in forms other than the website.	Y	
GR-198	**Family and Carers' Needs** Carers should be offered information on: a. How to access an assessment of their own needs b. What to do in an emergency c. Services available to provide support, including for other children in the family	Y	'Journeys' also offered training for carers. A range of services for carers was also provided by Coventry and Warwickshire MIND and Relate. It was not clear that families and carers were given information about these services.	Y	

Ref	Standard	Reach and Journeys Service		North Warwickshire & South Warwickshire	
		Met?	Comments	Met?	Comments
GR-199	**Involving Children, Young People and Families** The service should have: a. Mechanisms for receiving regular feedback from children, young people and families about the therapies and care they receive b. Mechanisms for involving children, young people and families in decisions about the organisation of the service c. Examples of changes made as a result of feedback and involvement of children, young people and families	Y		Y	Quarterly reviews of patient experience were completed and the findings fed back to the service. Within North Warwickshire the family therapy team was planning to pilot the 'wisdom project' that would enable a loop of positive feedback for young people and their families who attended family therapy sessions.
GR-201	**Professional and Managerial Leads** A lead professional and a lead manager should be responsible for the effective delivery of the service, including staffing, training, clinical supervision, guidelines and protocols, service organisation, governance and for liaison with other services. The lead professional should be a registered healthcare professional with appropriate specialist competences in this role who undertakes regular clinical work within the service.	Y		Y	

Ref	Standard	Reach and Journeys Service		North Warwickshire & South Warwickshire	
		Met?	Comments	Met?	Comments
GR-202	**Staffing Levels and Skill Mix** Sufficient staff with appropriate competences should be available for the: 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: a. Training programmes for universal services (QS GA-201) b. Advice, guidance and supervision for universal services (QS GA-202) c. Advice, guidance, supervision and training for targeted services (specialist services only) d. 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 An appropriate skill mix of staff should be available including, for specialist CAMHS: a. Psychological therapists and counsellors b. Nursing staff c. Clinical psychology d. CAMH consultants e. Social care professionals f. Support workers and other staff required to deliver the range of assessments and therapeutic interventions offered by the service 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.	N	Some information about caseloads and staffing levels was available, but it was not possible from this information to assess whether sufficient staff with appropriate competences were available for the usual number and case mix of children and young people referred to the service. An eight-week waiting list had been inherited from a previous service provider. Additional resources had been allocated in order to clear this waiting list. A combined Single Point of Entry service was run. Clinical supervision was in place.	N	Information on staffing was not available, so reviewers could not assess whether the service had sufficient staffing with appropriate competences. Several capacity and demand studies had been undertaken but these had looked only at demand with little information on capacity. See main report.

Ref	Standard	Reach and Journeys Service		North Warwickshire & South Warwickshire	
		Met?	Comments	Met?	Comments
GR-203	**Service Competences and Training Plan** 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 its usual case mix of children and young people and its role in the care pathways, including staff with competences in: **Targeted and Specialist CAMHS:** At least four evidence-based interventions which the service is expected to provide which may include: a. Cognitive behavioural therapy b. Parent counselling and parenting support c. Systemic family practice d. Interpersonal psychotherapy e. Formulation or solution-focused therapies **Specialist CAMHS only:** f. Pharmacological interventions g. Family therapy h. Dialectical behaviour therapy	N	The services had been running since April 2014 and staff had been appointed with appropriate competences. A competence framework and training plan showing how competences would be maintained was not yet in place.	N	Evidence of a training and development plan for achieving and maintaining competences was not available to reviewers at any of the bases visited or in the evidence folder. Reviewers were told that an appraisal and clinical supervision framework was in place and that mandatory training was up to date. It was noted from the posters in Paybody that the Trust had won an award for its Trust-wide competence framework.

Ref	Standard	Reach and Journeys Service		North Warwickshire & South Warwickshire	
		Met?	Comments	Met?	Comments
GR-204	**Competences – All Health and Social Care Professionals** All health and social care professionals working in the service should have competences appropriate to their role in: 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		Y	The governance lead confirmed that staff were up to date with the relevant mandatory training.
GR-205	**24 Hour Crisis Response (Specialist CAMHS only)** The following staff should be available 24/7: a. A member of the team with competences to provide a crisis response service b. A consultant child and adolescent psychiatrist who can provide advice c. An Approved Mental Health Practitioner who is available to do home visits d. A doctor of grade ST4 or above (or equivalent non-training grade doctor) who is available to do home visits e. On call clinical manager	N/A		N	See main report.

Ref	Standard	Reach and Journeys Service		North Warwickshire & South Warwickshire	
		Met?	Comments	Met?	Comments
GR-206	**Pathway Leads** Lead professionals for the following care pathways should be identified: a. Prevention and early intervention b. Looked After Children c. Liaison with acute paediatric services d. Transition to adult mental health services e. Care of children and young people with: i. Learning disabilities ii. Neuro-developmental disorders including ASD and ADHD iii. Eating disorders iv. Self-harm v. Substance misuse problems vi. Anxiety and depression vii. Early onset psychosis viii. Attachment difficulties ix. Challenging behaviours and emerging border-line personality disorders x. Trauma	Y	'c', 'd' and 'e' were not applicable.	N	Pathway leads were not in place for all areas.
GR-207	**Clinical and Managerial Supervision** All practitioners should receive regular clinical and managerial supervision appropriate to their role.	Y		Y	
GR-299	**Administrative, Clerical and Data Collection Support** Administrative, clerical and data collection support should be available.	Y		Y	

Ref	Standard	Reach and Journeys Service		North Warwickshire & South Warwickshire	
		Met?	Comments	Met?	Comments
GR-301	**Support Services** Unless part of 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	Timely access to support services was not yet in place, partly because the service considered this QS was not applicable.	N	Speech and language therapy services were not commissioned for secondary school aged children in Warwickshire.
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 general practitioners, health visitors, school nurses, social services, children's centres and early years provision, teachers and youth workers b. Acute and community paediatrics c. Child development service d. Social services including foster care and adoption e. Education and education support services f. Youth justice service g. Adult mental health service with expertise in early intervention in psychosis h. Employment support agencies	Y	Reach: Links with the Integrated Primary Mental Health Service were good as some staff worked in both services. Links with other services, such as health visiting and child development services, were not yet well-developed and may benefit from further consideration. Journeys: The service worked as part of an appropriate range of multi-agency teams although the effectiveness of two-way communication may benefit from review.	Y	
GR-303	**Intensive Home Support (24/7) (Specialist CAMHS 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 CAMHS services.	N/A		N/A	Intensive home support was not provided in Coventry or Warwickshire.

Ref	Standard	Reach and Journeys Service		North Warwickshire & South Warwickshire	
		Met?	Comments	Met?	Comments
GR-304	**Tier 4 CAMHS (Specialist CAMHS only)** The service should have timely access to a tier 4 CAMHS service for advice, assessments, out-patient care and in-patient admission. If in-patient admission is required, this should be within a reasonable travelling distance of the child's home.	N/A		N	Timely access to Tier 4 beds was not available.
GR-401	**Facilities** Facilities available should be appropriate for the assessment and therapeutic interventions offered by the service including: a. Welcoming reception and waiting areas with age and developmentally appropriate toys and books b. Facilities appropriate for children and young people with learning disabilities or neuro-developmental disorders c. Separation from adult patients d. Appropriate rooms for individual and family consultations e. Facilities for videoing and observing consultations f. Systems for summoning help in an emergency g. Office space	Y		Y	Appropriate facilities were available at the three bases viewed by the reviewers (Nuneaton, Leamington and Stratford). The Trust was aware that some rooms were not child-friendly.
GR-402	**Equipment** Timely access to equipment appropriate for the service provided should be available.	Y		Y	

Ref	Standard	Reach and Journeys Service		North Warwickshire & South Warwickshire	
		Met?	Comments	Met?	Comments
GR-499	**IT System** IT systems for storage, retrieval and transmission of information should be in use for patient administration, clinical records and other data to support service improvement, audit, outcome monitoring and revalidation. All clinical staff should be able electronically and securely to communicate person-identifiable data to other services involved in their care.	N	The Relate secure site 'Penelope' was used for data collection. Clinical records were paper-based and secure communication of person-identifiable data to other agencies involved in their care was not available.	N	The IT system (ePEX) was not utilised for risk assessment/management documentation, or to enable the CPA to be updated regularly. Waiting list data were held at local bases although formal internal and external reporting was based on electronically derived data, and locally held data were in the process of being removed.

Ref	Standard	Reach and Journeys Service		North Warwickshire & South Warwickshire	
		Met?	Comments	Met?	Comments
GR-501	**Screening and Referral Management Guidelines** Guidelines on the management of referrals should be in use covering: a. Provision of advice to universal services b. Screening of referrals within one working day of receipt c. Risk assessment and urgent contact with those considered at high risk d. Responding to the family and referrer if referral considered inappropriate e. Arrangements for confirming demographic information and whether other agencies are involved f. Offering an appointment and requesting any additional information g. Looked After Children: Confirming with the responsible social work team that they are aware of and support the referral	N	The Looked After Children pathway covered the process for referral into the Looked After Children service and specialist CAMHS, but did not cover 'a', 'c', 'd', 'e' or 'g'. The Journeys screening tool covered 'c' and 'e'. The Reach telephone screening assessment sheet covered all but 'd'. The Reach screening tool covered 'c', 'e' and 'f'. There were no guidelines covering the role of SPE. None of the forms covered 'd'. For 'b', screening of referrals within one working day of receipt was undertaken by the Single Point of Entry (SPE) service. Criteria and timescales for escalation of children and young people considered at high risk were not clear.	N	SPE guidelines were seen but they did not cover advice for universal services, response times (other than urgent mental health assessments within 24 - 72 hours), or responding to the family and referrer if the referral was considered inappropriate. Risk assessment guidelines were included in the operational policy but were not robustly implemented in the case notes seen by reviewers.

Ref	Standard	Reach and Journeys Service		North Warwickshire & South Warwickshire	
		Met?	Comments	Met?	Comments
GR-502	**Crisis Assessment (Specialist CAMHS only)** Guidelines on crisis assessments should be in use covering at least: a. Response to 'crisis' referrals: i. From Emergency Departments and Paediatric Assessment Units within 30 minutes in urban areas of request (60 minutes in rural areas) ii. Within four hours for all other requests b. Risk assessment c. Liaison with all relevant local services, including acute paediatrics, d. Seeking advice from intensive home support or Tier 4 services when indicated e. Intensive clinical support until this is no longer needed or care is handed over to intensive home support or Tier 4 care (QSs GR-303 and 304) f. Handover to targeted, specialist, intensive home support or Tier 4 care	N/A		N	Guidelines were not available. See also main report.

Ref	Standard	Reach and Journeys Service		North Warwickshire & South Warwickshire	
		Met?	Comments	Met?	Comments
GR-503	**Initial Appointment Guidelines** Initial appointment guidelines should be in use for the usual case mix of young people referred to the service covering: 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 the 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 general practitioner and other agencies involved with their care	N	See main report.	N	Some guidelines were available but these had not been implemented in most of the case notes seen by reviewers. See main report.

Ref	Standard	Reach and Journeys Service		North Warwickshire & South Warwickshire	
		Met?	Comments	Met?	Comments
GR-504	**Multi-Agency and Multi-Disciplinary Discussion** Guidelines should be in use covering the indications and arrangements for multi-agency and/or multi-disciplinary input to the: 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 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.	N	A CAMHS link worker was attached to the Journeys team. Multi-agency discussion of the initial appointment was covered by the SPE service. Guidelines were not yet in place covering indications and arrangements for multi-agency and multi-disciplinary input to assessments, care planning and review of care plans for Reach.	N	Written guidance was not yet in place although processes for multi-agency and multi-disciplinary discussion were mostly in place.

Ref	Standard	Reach and Journeys Service		North Warwickshire & South Warwickshire	
		Met?	Comments	Met?	Comments
GR-505	**Clinical Guidelines** Guidelines should be in use covering the therapeutic management of at least the following care pathways: 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 Guidelines should cover at least: a. Type and expected duration of therapeutic interventions offered b. Arrangements for multi-agency input to therapeutic interventions c. Shared-care arrangements with other services d. Prescribing, including initial prescribing and monitoring arrangements e. Monitoring and follow up	N	Clinical guidelines were not yet in place. Some pathways had been developed but these were not yet clear about the interventions that would be offered. Some aspects of the QS were not applicable to Journeys and Reach.	N	NICE guidance had not yet been localised. Pathways were in the process of being developed.

Ref	Standard	Reach and Journeys Service		North Warwickshire & South Warwickshire	
		Met?	Comments	Met?	Comments
GR-506	**Physical Health Care** Guidelines should be in use covering the identification and management of young people's physical health needs, including: a. Health promotion, including smoking cessation, health eating, weight management, exercise, alcohol use, sexual and reproductive health b. Management of commonly occurring long-term conditions in liaison with the young person's general practitioner and, if applicable, acute or community paediatrician	N	Guidelines on physical health care were not yet in place although, in practice, some aspects were covered in 'self-esteem' groups. The service was aware of the need actively to promote health. A new sign-posting pack was being developed and the services also distributed condoms.	N	Guidelines on identification and management of physical health needs were not yet in place. In practice, children and young people would be referred back to their GP.
GR-507	**Referral for Tier 4 Care (Specialist CAMHS only)** Guidelines on referral for care by Tier 4 services should be in use covering: a. Indications and 24/7 arrangements for seeking advice from Tier 4 CAMHS b. Referral criteria c. Handover of care to Tier 4 CAMHS d. Communication with and involvement of specialist CAMHS during the young person's Tier 4 care e. Involvement of specialist CAMHS staff in assessments prior to discharge from Tier 4 care f. Handover of care from Tier 4 CAMHS g. After-care following in-patient admission h. Arrangements for re-accessing Tier 4 services if required	N/A		N	Guidelines were not yet in place. There was a joint protocol with the local authority and health commissioners about planning for specialist placements. In practice, the CAMHS team was involved in planning for discharge from Tier 4.

Ref	Standard	Reach and Journeys Service		North Warwickshire & South Warwickshire	
		Met?	Comments	Met?	Comments
GR-508	**Children Awaiting Tier 4 Admission (Specialist CAMHS only)** Local guidelines on the maintenance of children and young people awaiting admission to a Tier 4 bed should be in use covering: a. Location/s where care may be provided b. Circumstances under which a child will be admitted to these location/s c. Development and agreement of a plan for their care while awaiting a Tier 4 bed d. Support for staff while the child is in their care e. Review by an appropriate member of the specialist CAMH service at least every 12 hours f. Discussion with a Tier 4 consultant about the arrangements before admission and regularly during the child's stay g. Involvement of commissioners of Tier 4 care h. Recording as a clinical incident any delays in admission to a Tier 4 bed which place at risk the safety or quality of care for the young person or others	N/A		N	As QS GR-507.
GR-509	**Children and Young People at Particular Risk** Protocols should be in use covering the care of children and young people at particular risk, including: a. Looked After Children b. Young people on the Care Programme Approach c. Young people on Community Treatment Orders d. Children and young people with Section 117 after-care requirements e. Children and young people at risk of criminal activity f. Children and young people where there are safeguarding concerns	Y	The policy was clear about actions that needed to be taken.	Y	Compliance based on self-assessment.

Ref	Standard	Reach and Journeys Service		North Warwickshire & South Warwickshire	
		Met?	Comments	Met?	Comments
GR-596	**Information Sharing** Locally agreed information sharing guidelines should be in use covering: 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	A 2009 Coventry policy was available and this had been adopted across Coventry and Warwickshire.	Y	
GR-597	**'Letting Go' Guidelines** Guidelines on discharge from the service should be in use covering: a. Involvement of the young person and family in planning the discharge b. Evaluation of achievement of agreed goals c. Ensuring the young person and family have an agreed 'Letting Go' plan covering all aspects of QS GR-196 including, where appropriate, easy re-access to the service d. Communicating the 'Letting Go' plan to the young person's general practitioner and any other agencies involved in their care	Y	Closure guidelines and a closure checklist were in place.	N	'Letting go' guidelines were not yet in place. The young person's GP and the referrer were informed of discharges. Discharge summaries included recommendations for sustained recovery if needed.

Ref	Standard	Reach and Journeys Service		North Warwickshire & South Warwickshire	
		Met?	Comments	Met?	Comments
GR-598	**Transition Guidelines** Guidelines on transition of young people from targeted or specialist CAMH to adult mental health services should be in use covering, at least: a. Involvement of the young person and, where appropriate, their carer in planning the transfer of care b. Involvement of the young person's general practitioner c. Joint meeting between CAMHS and adult services to plan the transfer d. Allocation of a named coordinator for the transfer of care e. A preparation period prior to transfer and, if appropriate, a period of shared care f. Arrangements for monitoring during the time immediately after transfer **g.** Care Programme Approach documentation (if applicable)	N	Guidelines were not in place. Reviewers were told that some young people were transferred to adult services.	Y	Guidelines were in place, but see main report in relation to transition to adult care.
GR-599	**General Policies** Guidelines for the care of vulnerable children, young people and adults should be in use, in particular: a. Consent b. Lone working c. Medicines Management d. Health and Safety e. Restraint and sedation f. Mental Capacity Act g. Deprivation of Liberty Safeguards (services caring for people aged 18 and over) h. Safeguarding	Y		Y	

Ref	Standard	Reach and Journeys Service		North Warwickshire & South Warwickshire	
		Met?	Comments	Met?	Comments
GR-601	**Operational Policy** The service should have an operational policy describing the organisation of the service covering, at least: 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: i. 24/7 crisis response (QS GR-205) ii. Screening and management of referrals (QS GR-501) iii. Initial appointment and allocation of a case manager (QSs GR-503) iv. Care Planning and Review of Care Plans (QSs GR-104, 105, 502 & 503), including communication with referring services and GPs v. Responding to children, young people and families' queries or requests for advice by the end of the next working day (QS GR-106) c. Responsibility for giving information to children, young people and families at each stage of the care pathway d. Access to clinical information at all times, including by the 24/7 crisis response service e. Provision of advice, guidance and supervision to universal (Tier 1) and other referring services (QS GA-202) f. Risk-based arrangements for follow up of children and young people who 'do not attend' or 'do not engage' for whatever reason including, where appropriate, assertive approaches to engaging young people and families g. Seeing children and young people without a family member present h. Providing assessments and therapeutic interventions in the home or informal locations i. Support to the care of local children and young people known to the service who are In in-patient or residential placements outside the area (QS GR-507) j. Care for children and young people from outside the local area who are placed locally k. Maintenance of equipment (QS GR-402) l. Responsibilities for IT systems (QS GR-499)	N	The service contract was used as an Operational Policy. This did not cover all aspects of the QS. Reviewers considered that it may be useful to map out processes at every stage so that all staff are clear. The contract for Journeys met 'a', 'b(ii)', 'b(iii)', 'c', 'd', 'e', 'f', 'g', 'h', and 'j' but not 'b(v)'. The Journeys contract was not explicit about 'b(iv)', 'i', 'k' or 'l'. The contract for Reach (targeted CAMH service specification) was not explicit about timescales for the care pathway 'a' although covered data collection of performance. The contract was not specific for 'b(iv)', 'b(v)', 'k' or 'l'.	N	A CAMHS Operational Policy was in the process of being developed.

Ref	Standard	Reach and Journeys Service		North Warwickshire & South Warwickshire	
		Met?	Comments	Met?	Comments
GR-602	**Participation in Local Planning and Coordination Group** A representative of the service should attend all meetings of the Group coordinating the development and implementation of the Local Child and Adolescent Emotional Health and Well-Being Strategy (QS GZ-604).	Y		Y	
GR-603	**Joint Working between Local CAMHS Services** If targeted (Tier 2) and specialist (Tier 3) services are provided by separate teams, written arrangements should be in place covering: a. Advice from the specialist CAMH service on: 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 If specialist (Tier 3) services and intensive home support are provided by separate teams, written agreements should be in place covering: a. Criteria for referral and handover of information between the services b. Indications and arrangements for joint discussion of the care of young people c. A joint meeting at least annually to review liaison between the services and address any problems identified	N	Processes were in place although some were not yet documented.	N	Written arrangements covering liaison between the teams were not yet in place.

Ref	Standard	Reach and Journeys Service		North Warwickshire & South Warwickshire	
		Met?	Comments	Met?	Comments
GR-604	**Universal Services - Training Programme** A rolling programme of training in promoting emotional health and well-being and the care children with emotional well-being or mental health problems should be run for local universal (Tier 1) services including general practitioners, health visitors, school nurses, social services, teachers and those working in nursery education, youth workers, substance misuse teams and other relevant local services.	N/A		Y	
GR-605	**Regional Planning and Coordination** A representative of the service should attend each meeting of the Regional Planning and Coordination Group (QS GZ-605).	N/A		Y	

Ref	Standard	Reach and Journeys Service		North Warwickshire & South Warwickshire	
		Met?	Comments	Met?	Comments
GR-701	**Data Collection** Regular collection and monitoring of data should be in place, including: a. Referrals to the service, including source and appropriateness of referrals b. Number of children and young people cared for by the service and therapeutic interventions undertaken c. Time from referral to initial appointment and allocation of a case manager d. Length of each episode of care provided by the service e. Number of crisis responses, in and out of hours, and response times f. Outcome of assessments and therapeutic interventions, including self-reported outcomes g. 'Did Not Attend' rates or other measures of non-engagement with the service h. Number of referrals to Tier 4 CAMHS and young people with inappropriate delays for a Tier 4 bed i. Number of discharges from the service and type of care after discharge j. Other commissioned activity undertaken by the service k. Relevant NICE Quality Standards l. Key performance indicators: i. Response to 'crisis' referrals: • From Emergency Departments and Paediatric Assessment Units within 30 minutes in urban areas of request (60 minutes in rural areas) • Within four hours for all other requests ii. Screening of referrals and contact if considered at high risk within one working day iii. Preliminary decisions of appropriateness and response to all referrals within five working days iv. Initial appointment within a maximum of: • Five working days of referral and sooner if indicated (urgent referrals) • Four weeks of referral (routine referrals) v. Start of detailed assessment and / or therapeutic interventions within a maximum of four weeks of initial appointment	N	Data on 'a', 'b', 'c', d, f, 'g' and 'i' were collected. Data on key performance indicators ('l') were not yet collected. Activity levels were not clear in the data reports.	N	The Trust self-assessment was that all data required by the QS were collected. See main report in relation to data collection.

Ref	Standard	Reach and Journeys Service		North Warwickshire & South Warwickshire	
		Met?	Comments	Met?	Comments
GR-702	**Audit** The services should have a rolling programme of audit of compliance with: a. Appropriateness of referrals b. Evidence-based clinical guidelines (QS GR-500s) c. Standards of record keeping including recording for each young person: 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	Formal audit was not yet in place. The services were aware of the need to develop this aspect of their work.	N	The assurance dashboard was red for the return of baseline assessments in relation to NICE guidance.
GR-703	**Key Performance Indicators** Key performance indicators (QS GR-701) should be reviewed regularly with Trust (or equivalent) management and with commissioners.	Y		Y	
GR-798	**Multi-disciplinary Review and Learning** The service should have multi-disciplinary arrangements for a. Review of and implementing learning from positive feedback, complaints, outcomes, incidents, 'near misses' and children, young people and families who 'do not attend' b. Review of and implementing learning from published scientific research and guidance c. Ongoing review and improvement of service quality, safety and efficiency	Y		N	Arrangements for multi-disciplinary review and learning were not yet in place. Arrangements for monitoring of complaints and user feedback were in place.

Ref	Standard	Reach and Journeys Service		North Warwickshire & South Warwickshire	
		Met?	Comments	Met?	Comments
GR-799	**Document Control** All policies, procedures and guidelines should comply with Trust (or equivalent) document control procedures.	Y	The Information Sharing Agreement was dated 2009 and may benefit from review. The services were ISO9001 registered and compliant.	N	Some of the evidence provided did not have appropriate document control. The Information Sharing Agreement was dated 2009 and may benefit from review.

COMMISSIONING

Ref	Standard	Met?	Comments
GZ-601	**Needs Assessment and Strategy** The commissioner should have an up to date: 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: 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	A Coventry needs assessment and strategy had been developed in early 2013, building on previous work undertaken in 2009. A joint needs assessment for Warwickshire had been published in December 2013. Coventry and Warwickshire were working together to redesign services for children and young people with emotional well-being and mental health problems.
GZ-602	**Prevention and Early Intervention Programme** A comprehensive prevention and early intervention programme from conception to five years should be commissioned including: 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	

Ref	Standard	Met?	Comments
GZ-603	**Commissioning of Services** 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: 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) Commissioning of each service should specific: i. Each service's role in the provision of targeted and/or specialist care of children and young people with emotional well-being or mental health problems within the local care pathway ii. Criteria for referral to and discharge from each service iii. Age range of children and young people cared for by the service iv. The range of therapeutic interventions offered by the service (QS GR-203) v. Timescales for key milestones on the care pathway and other key performance indicators (QS GR-701) vi. The service's role in the provision of: • Training programme for universal services (GA-201) • Advice, guidance and supervision to universal services (GA-202) • Prevention and early intervention (GZ-602) • Care for children and young people from outside the local area who are placed locally 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.	N	Intensive home support (7/7) was not yet commissioned although commissioners were planning for this. See main report in relation to 24/7 crisis support, age range for transition to adult services and commissioning of specialist CAMHS services for Looked After Children.
GZ-604	**Local Planning and Coordination Group** 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: a. All providers of targeted and specialist CAMH services b. Education providers c. Social services d. Acute and community paediatric services e. Primary health care f. Substance misuse service g. Youth Offending Team	Y	

Ref	Standard	Met?	Comments
GZ-605	**Regional Planning and Coordination Group** 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.	Y	
GZ-701	**Quality Monitoring** The commissioner should monitor key performance indicators and aggregate data on activity and outcomes from the service at least annually.	Y	

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