Hertfordshire Partnership NHS
University NHS Foundation Trust

HPFT

# Specialist Child and Adolescent Clinics Operational Policy

HPFT Policy

| | |
|---|---|
| Version | V3.1 |
| Executive Lead | Executive Director Service Delivery and Customer Experience |
| Lead Author | Senior Service Line Lead CAMHS |
| Approved Date | 9TH September 2020 |
| Approved By | East & North SBU Quality and Risk Management Committee |
| Ratified Date | 9th September 2020 |
| Ratified By | East & North SBU Quality and Risk Management Committee |
| Issue Date | 9th September 2020 |
| Expiry Date | 23rd January 2022 |
| Target Audience | All staff working in HPFT Child and Adolescent Services and related services which make referrals into the service or receive referrals from this service |

## Document on a Page

| **Title of Document** | Specialist Child and Adolescent Clinics Operational Policy | | |
|---|---|---|---|
| **Document Type** | Policy | | |
| **Ratifying Committee** | East & North SBU Quality and Risk Management Committee | | |
| **Version** | **Issue Date** | **Review Date** | **Lead Author** |
| V3.1 | 9th September 2020 | 23rd January 2022 | Senior Service Line Lead |
| **Staff need to know about this policy because (complete in 50 words)** | **The Policy outlies how referrals are received into the service and highlights the agreed pathway for child and young people who require a community CAMHS service.** | | |
| **Staff are encouraged to read the whole policy but I (the Author) have chosen three key messages from the document to share:** | **The policy outlines the eligibility criteria for community CAMHS and the wide range of interventions on offer to support young people experiencing mental health and emotional wellbeing difficulties.**<br><br>**The policy provides a clear pathway via flow charts and commentary to describe the referral process in Hertfordshire.**<br><br>**The policy explains the CAPA process, Choice and Partnership and how we work with children and young people and the wider network.** | | |
| **Summary of significant changes from previous version are:** | **Changes to take account of Covid requirements and clarification around case allocation linked to SUI action plan** | | |

**Contents Page**

| PART: | | Page: |
|---|---|---|
| **PART 1** | **Preliminary Issues:** | |
| | Document on a Page | **2** |
| | A. Introduction and Flowcharts | **4** |
| | **1.** Summary | **7** |
| | **2.** Purpose | **7** |
| | **3.** Definitions | **7** |
| | **4.** Duties and Responsibilities | **8** |
| **PART 2** | **Who does what** | |
| | **5.** Service Delivery | **9** |
| | **6.** Service Scope | **10** |
| | **7.** Eligibility Criteria | **10** |
| | **8.** Children Looked After | **11** |
| | **9.** Exclusion Criteria | **11** |
| | **10.** Referral Process | **11** |
| | **11.** Response Times | **14** |
| | **12.** Choice & Partnership Approach | **15** |
| | **13.** Clinical Risk Assessment & Management | **15** |
| | **14.** Safeguarding | **16** |
| | **15.** Outcome Measures | **17** |
| | **16.** Young People who Do Not Attend | **18** |
| | **17.** Discharge Process | **19** |
| | **18.** Transition to Adult Mental Health Services | **19** |
| | **19.** Access for people with a Learning Disability | **20** |
| | **20.** Capacity to Consent | **21** |
| | **21.** Induction, Supervision, Appraisal and Training | **21** |
| | **22.** Supervision and Appraisal | **22** |
| | **23.** Comments, Complaints and Compliments | **22** |
| | **24.** Confidentiality | **22** |
| | **25.** Access to Records | **23** |
| | **26.** Consent to Share Information | **23** |
| | **27.** Freedom of Information Act | **25** |
| | **28.** Records Management | **25** |
| | **29.** Health and Safety | **25** |
| | **30.** Embedding a culture of Equality & RESPECT | **26** |
| | **31.** Promoting and Considering Individual Wellbeing | **28** |
| | **32.** Process for Monitoring Compliance | **29** |
| **PART 3** | **Associated Issues** | |
| | **33.** Version Control | **30** |
| | **34.** Archiving Arrangements | **30** |
| | **35.** Associated Documents | **30** |
| | **36.** Supporting References | **31** |
| | **37.** Consultation | **31** |
| **PART 4** | **Appendices** | |
| | **38.** Appendix 1 – Waiters Protocol | **32** |


## 1. Introduction and Flowcharts

Child and Adolescent Mental Health Services (CAMHS) describe the broad range of services, which support the emotional wellbeing, and mental health of children and young people.

In the last 10 years, a raft of policies heralding the way for the development of a comprehensive Child and Adolescent Mental Health Service (CAMHS) has emerged.

Key strategic direction has been found in:-

- Change for Children - Every Child Matters, Department for Children, Schools and Families (DCSF), 2004;
- The National Service Framework for Children, Young Peoples and Maternity Services, Department of Health, 2004;
- The Children's Plan-Building Brighter Futures, DCSF, 2007;
- Children and Young People in Mind: the final report of the National CAMHS Review, DCSF, 2008.
- Care Act 2014
- Children and Families Act 2014
- Future in Mind, March 2015
- The five year forward view for Mental Health, 2016
- Model specification for Children and Adolescent Mental Health Services (CAMHS) http://www.england.nhs.uk/resources/resources-for-cggs/"

**Local Strategic Context**

The Children and Young Peoples Plan (CYPP) sets out the multi-agency vision for services for children and young peoples in Hertfordshire across two main themes:

- Safeguarding children and young people
- Narrowing the gap between vulnerable children and all children

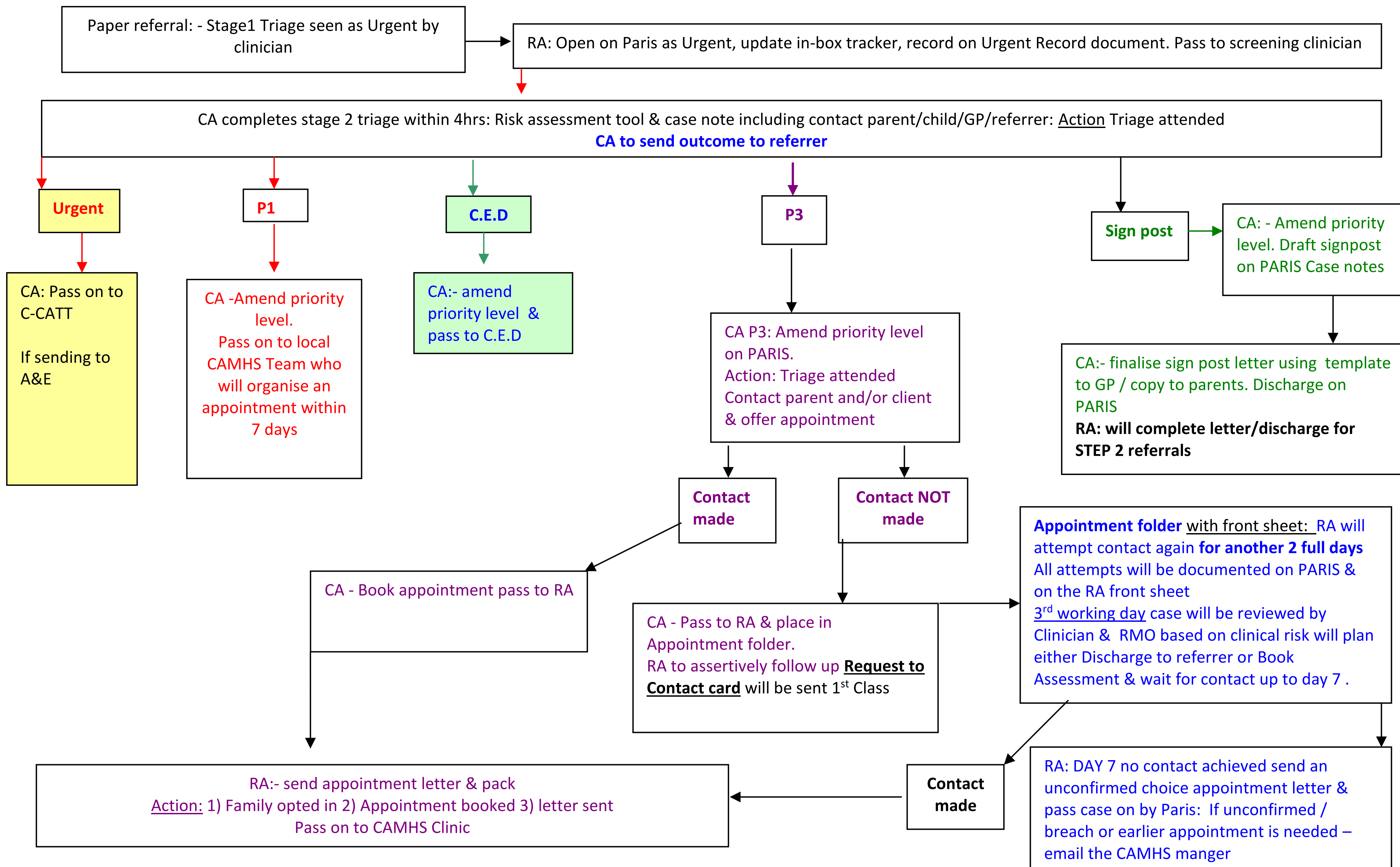
Within Narrowing the gap between vulnerable children and all children is priority outcome 4, which sets out the key objectives to ensure children and young peoples' emotional wellbeing, and mental health is well supported.

In addition the Hertfordshire Emotional Wellbeing and Mental Health Strategy (2009/12) sets out the vision to ensure that a broad range of services are available to support children and young people. The strategy has 4 main strategic objectives:

- **PROMOTION AND PREVENTION**:
  Promote emotional wellbeing and positive mental health through effective engagement of the wider community; to raise awareness; tackle stigma; advocate early help seeking; and involve children, young people and their families and carers in the development and review of services.
- **EARLY IDENTIFICATION AND INTERVENTION**:
  Work in partnership to deliver a range of integrated, preventative, and early intervening services that are flexible and accessible in supporting and meeting the needs of all children and young people.
- **TARGETED PROVISION:**
  Take a coordinated approach to the delivery of targeted provision for children and young people from vulnerable groups

# CAMHS POD: Urgent / P1 flow chart:

*See relevant protocols for more detail*



## CAMHS POD: Routine flow chart:

*See relevant protocols for more detail*

Paper referral: - Stage 1 triage Routine by clinician

RA:1) Open on PARIS, 2) update IN-BOX tracker. 3) Request additional information and follow actions identified by CAMHS screener 4) Action: Triage booked, case note entry 5) hand back to clinician (or place in triage tray time/ date order, for completion

**Examples of Stage 1 triage that do not pass to Stage 2:-**

. CAMHS Targeted service: request SDQs
.CAMHS Targeted: looked after child
. ADHD screening to & From STEP2
. A&E assessments (to C-CATT)
. Transfer of care

CA completes stage 2 triage **utilising CAMHS process guides**, triage tools / risk Assessment, contact parent/child/GP/referrer. Action: Triage attended on completion

**Urgent**

CA: Amend priority level & Pass on to C-CATT

If sending to A&E notify C-CATT

**P1**

CA -Amend priority level.
Pass on to local CAMHS Team who will organise an appointment within 7 days

**C.E.D**

CA:- amend priority level & pass to C.E.D

**P3**

CA P3:
Contact parent and/or client & offer appointment

**Contact made**

CA - Book appointment pass to RA

**Contact NOT made**

CA - Pass to RA & place in Appointment folder. RA to assertively follow up. **Request to Contact card** will be sent 1st Class

**Appointment folder** with front sheet: RA will attempt contact again **for another 2 full days.** All attempts will be documented on PARIS & on the RA front sheet:
3rd working day case will be reviewed by Clinician & RMO based on clinical risk will plan either Discharge to referrer or Book Assessment & wait for contact up to day 7 .

**Contact made**

RA: DAY 5 no contact achieved send an unconfirmed choice appointment letter & pass case on by Paris: If unconfirmed / breach or earlier appointment is needed – email the CAMHS manger

RA:- send appointment letter & pack
Action: 1) Family opted in 2) Referral passed to CAMHS in-take team 3) Pass on to CAMHS Clinic, HCT or voluntary sector

**Sign post**

CA: - Draft signpost on PARIS Case notes

CA:- finalise sign post letter using template to GP / copy to parents. Discharge on PARIS

**RA: will complete letter/discharge for STEP 2 referrals**

## 1. Summary

This document sets out the policy and procedure to be followed by the staff of the Hertfordshire Partnership University NHS Foundation Trust in relation to the service delivered by the Child & Adolescent Mental Health Service Specialist Child & Adolescent Clinics.

Hertfordshire Partnership University NHS Foundation Trust delivers an assessment and treatment service across Hertfordshire to children and young people with complex mental health needs and their families.

The CAMHS vision and values are based on the following clinical principles, in line with the principles which underpin CYP-IAPT, CAPA and Thrive

- **Evidence-based** – interventions are informed by the best research evidence
- **Goal focused** – interventions focus on the goals and wishes of the child/young person and his/her family
- **Feedback Informed** – session by session feedback on clinical progress and therapeutic alliance, facilitates better working relationships and outcomes
- **Outcomes focused** – use of routine outcomes monitoring informs service development and clinical practice
- **Service**-user led – authentic participation guides service development to meet local populations' needs.

This policy must be read and used in conjunction with the CAMHS High Risk Pathway, CAMHS Risk Assessment and Management Tool and Specialist CAMHS SPA Screening Tool

## 2. Purpose

This document is intended to:

- Provide staff with a standardised operational policy and procedures for the delivery of the CAMHS Specialist Child & Adolescent Clinics
- Provide guidance to ensure Trust countywide standards are maintained and implemented consistently across the service and offer assurance that all procedures are appropriate, effective and efficient
- Provide guidance for the service in line with the Trust's objectives, philosophy, values to deliver a child adolescent mental health assessment and treatment service which allows equity of access, is timely and is recovery focussed.

## 3. Definitions

**ADHD –** Attention deficit Hyperactivity Disorder
**CAMHS –** Child & Adolescent Mental Health Services
**CAPA –** Choice & Partnership Approach
**CMHS –** Community Mental Health Services

**CORC –** CAMHS Outcome Research Consortium
**CYP/IAPT –** Children & Young People's Improved Access to Psychological Therapies
**EPR –** Electronic Patient Record
**HCT –** Hertfordshire Community Trust
**HPFT –** Hertfordshire Partnership University NHS Foundation Trust
**KPI –** Key Performance Indicator
**SPA –** Single Point of Access
**YOT –** Youth Offending Team

## 4. Duties and Responsibilities

Hertfordshire Partnership University NHS Foundation Trust will deliver a specialist Child & Adolescent Mental Health service for children and young people, their families and carers registered with a Hertfordshire GP.

The Trust has a statutory duty to safeguard and promote the welfare of children under Section 11 of the Children's Act 2004.

The Chief Executive and Trust Board will take action to ensure:-

- The efficient delivery of the CAMHS service, as commissioned and the effective implementation of the CAMHS Operational Policy
- The recruitment of suitably qualified staff and the provision of appropriate training to enable staff to deliver an efficient and effective service
- The provision of an efficient infrastructure within the organisation to establish and maintain the effective delivery of the CAMHS service.

The Managing Director East & North SBU will be accountable for the service as a whole and provide leadership and oversight, supported by the countywide CAMHS Senior Service Line Lead and Service Line Lead.

The CAMHS Community Managers will provide day to day operational management to the CAMHS clinical service. They are responsible for advising and initiating the agreed procedures as well as providing appropriate levels of supervision and appraisal to CAMHS staff. Children's Safeguarding will be included as a mandatory element. This includes ensuring appropriate professional, clinical supervision for staff that meets the requirements of the staff's professional bodies as well as ensuring that all staff are kept up-to-date with changes to best practice and current legislation.

## 5. Service Delivery

### Team Locations & Core Hours of Operation

| Quadrant | | Address | Tel No | Core Hours of Operation |
|---|---|---|---|---|
| North | **Stevenage** | Saffron Ground<br>Stevenage<br>Herts SG1 3LJ | 01438-792600 | Monday –Friday<br>9am-5pm |
| South | **Borehamwood & Potters Bar** | Borehamwood Civic Centre<br>Elstree Way<br>Borehamwood<br>Herts WD6 1WA | 0208-731-3050 | Monday –Friday<br>9am-5pm |
| | **Watford** | Peace Children's Centre<br>Peace Prospect<br>Watford<br>Herts WD17 3EW | 01923-470610 | Monday –Friday<br>9am-5pm |
| East | **Bishops Stortford** | **Oxford House**<br>London Road<br>Bishops Stortford<br>Herts CM23 3LB | 01279-464832 | Monday –Friday<br>9am-5pm |
| | **Hoddesdon** | Health Centre<br>High Street<br>Hoddesdon<br>Herts EN11 8BE | 01992-465042 | Monday –Friday<br>9am-5pm |
| | **Welwyn & Hatfield** | Rosanne House<br>Parkway<br>Welwyn Garden City<br>Herts AL8 6HG | 01707-364001 | Monday –Friday<br>9am-5pm |
| West | **St Albans** | 99 Waverley Road<br>St Albans<br>Hertfordshire<br>AL3 5TL | 01923-633597 | Monday –Friday<br>9am-5pm |
| | **Hemel Hempstead** | Marlowes Health and Wellbeing Centre, 39-41 Marlowes, Hemel Hempstead,<br>Herts. HP1 1LD | 01442 913569 | Monday-Friday<br>9am-5pm |

### Staffing

The countywide CAMHS service is led by the Senior Service Line Lead supported by a CAMHS Service Line Lead and the CAMHS Senior Leadership Team.

Locally the Service Line Leads are supported by CAMHS Community Managers who are responsible for the delivery of services through the clinics and county services. Each of the clinics comprises a multi-disciplinary staff group, including:

- Consultant Psychiatrist/s
- Psychologists
- Nurses
- Social Workers
- Child Psychotherapists
- Systemic Psychotherapists

## 6. Service Scope

The Specialist Child & Adolescent CAMHS Clinics provide a service across Hertfordshire for children and young people and their families and carers between the ages of 0-18 who have severe, complex and/or persistent difficulties which present as emotional or behavioural symptoms and who are registered with a Hertfordshire GP.

## 7. Eligibility Criteria

7.1 The service accepts referrals for children and young people up to their 18th birthday:

- where the child/young person has severe, complex and/or persistent difficulties which often present as emotional or behavioural symptoms
- where an appropriate community (universal or targeted) intervention has not resolved the current difficulties
- where the difficulties are of such severity and are causing impairment to such a degree that a referral straight to specialist CAMHS service is indicated e.g. Psychosis, risk of suicide or severe self-harm, severe depressive episode, eating disorder
- where, except in exceptional circumstances, the child/young person has been seen and assessed by the referrer prior to the referral to specialist CAMHS
- where the child/young person or the family consent to the referral

7.1.1 Difficulties may include:

- Psychosis
- Moderate to severe depressive symptoms
- Attention Deficit Hyperactivity Disorder & ADD symptoms
- Pervasive Developmental Disorders such as Autistic Spectrum Disorders with mental health issues (not for primary diagnosis)
- Severe Tourette's syndrome and complex tic disorder with co-morbid symptoms e.g. obsessive compulsive symptoms, depression
- Self-harm and suicide attempts
- Eating Disorders

- Moderate to severe obsessive compulsive symptoms
- Moderate to severe phobias and anxiety disorders
- Mental health difficulties associated with physical health problems and somatoform disorders
- Mental health difficulties associated with learning disabilities
- Severe conduct disorders associated with mental health difficulties
- Complex elective mutism
- Severe and persistent emotional difficulties related to complex physical conditions that have failed to respond to universal or targeted interventions.

## 8. Children Looked After

Specialist CAMHS includes a service dedicated to the needs of children and young people known to social services. It is delivered by a dedicated multi-disciplinary team – the child Targeted Team - which offers flexible and targeted interventions with a lower threshold than other parts of the specialist CAMHS service. This multi-disciplinary approach ensures that a thorough assessment of need is undertaken and the appropriate therapeutic intervention can be offered.

In addition to direct work, this element of service offers consultations to children's homes, foster carer groups, professional networks working with children and young people as well as local social service area teams. It is the nature of this work that it is not time limited and depends on the child's/young person's identified needs rather than a specific number of sessions.

Detailed information on this service and how it operates can be found in the "Children Looked After"/Children known to social services/care" policy and procedure available on the HPFT intranet.

## 9. Exclusion Criteria

- Children and young people whose problems are primarily school/college based
- Children and young people where the behaviour, although challenging is age appropriate
- Children and young people where the behaviour is the usual child response to life events – bereavement, parental divorce/separation
- Family mediation
- Child neglect or abuse as the primary issue
- Primary diagnostic assessments for Autistic Spectrum Disorders

## 10. Referral process

10.1 HPFT CAMHS operates an open referral policy where new referrals are accepted and processed via the HPFT Single Point of Access.

Referrals are accepted from:-

- Self- referrals/referrals from parents
- Police
- GP's within the Hertfordshire Clinical Commissioning groups
- School Health Nurses
- Health Visitors
- Social Workers – if Child & Family key worker
- Paediatrician and other NHS Consultants
- Specialist CAMHS workers from out of area
- CAMHS workers within the Youth Offending Team
- Educational Psychologists
- Speech & Language therapists
- Lead Professionals for TAF/TAC
- Child & Adolescent Challenging Needs Psychological Service

10.2 When a child/young person is transferred to Hertfordshire Specialist CAMHS from another Specialist CAMHS service or from other mental health services in the NHS, the referral must not be dealt with as a new routine referral but must be regarded as a continuing episode of care within the NHS mental health service. As a rule, transfers of care will be agreed between the referring agency and the Community CAMHS Manager with responsibility for the team into which the CYP is being transferred. A meeting of both teams should be convened to discuss the case in full, agree the current treatment plan and / or a transition / handover of care plan and a time frame for transfer. The meeting must be minuted and recorded on PARIS.

10.3 Where the transfer request is made as a referral to HPFT CAMHS via SPA, SPA will alert the local CAMHS manager who will have responsibility for ensuring that arrangements are made to manage the transfer of care. If a child, young carer or an adult caring for a child is likely to have needs when they, or the child they care for, turns 18, the Care Act states the local authority must assess them if it considers there is 'significant benefit' to the individual in doing so. This is regardless of whether the child or individual currently receives any services.

10.4 Referrals in SPA are processed according to whether they are received as routine or urgent as per the flowcharts on pages 6 & 7. In addition to the referral details any additional information including any previous risk concerns should be recorded.

10.5 In addition, referrals which are received and identified as "high risk" must be dealt with in accordance with the "CAMHS High Risk" Protocol.

10.6 Where eligible, an appointment with an appropriate professional within the Specialist CAMHS service will be offered. This is arranged using the Choice & Partnership Approach outlined in Section 8 above.

10.7 The appointment will be confirmed in writing to the child/young person and his/her family or carer. SPA will enter the relevant clinical and/or risk information on the EPR system, PARIS.

10.8 Appointments may be offered as F2F appointments or via a virtual platform. This will be discussed and agreed with the young person prior to the first appointment. Guidance around working virtually can be found on The Hive including advice on how to conduct assessments, prescribing support and physical health care assessments.

10.9 At the appointment, the specialist CAMHS professional will undertake a Choice appointment, either in person or virtually, including assessment of the presenting mental health difficulties and including a risk assessment of the child/young person. The assessing clinician should ensure they access information about the young person prior to the initial assessment, this may include any historical information we have access to and any information gathered since being referred to CAMHS.

10.10 During this process the principles of the Care Act (2014) must be followed particularly for those who may transition to adult services. The Care Act requires that the wellbeing of each young person or carer must be taken into account so that assessment and planning is based around individual needs, wishes and outcomes. Early conversations provide an opportunity for young people and their families to reflect on their strengths needs and desired outcomes and to plan ahead for how they will achieve their goals

10.11 At the appointment, ALL children / young people MUST be offered the opportunity to meet with the specialist CAMHS professional on their own, regardless of their age and developmental stage. The opportunity to be seen on their own during the Choice appointment should be offered to all adolescents. If the appointment is virtual the Clinician must ensure that the opportunity to speak in private, and in the absence of parent/carers, is still offered.

10.12 The clinician must spend a minimum period with child away from the parents/carers and ensures that the voice of the child is heard throughout. A child/ young person may not want to take up this offer but it is important that the clinician provides the opportunity in case there are Safeguarding/Risk concerns that that young person does not feel comfortable or safe about revealing in front of their parents. If there is a clear reason not to do this it must be clearly recorded in the notes.

10.13 This sets the stage from the beginning of a young person’s encounter with our Service that the clinician involved is interested in and would want to know if that child is being “hurt in any way” and is considering this as part of a holistic assessment of their mental health needs.

10.14 The child must continue to be offered the opportunity to talk with the clinician away from the parent and carer at periodic intervals.

10.15 The subsequent formulation and/or diagnosis are shared with the child/young person and his/her family or carers. The child/young person is then offered a choice of therapies/treatment and this forms the basis of the child/young person's care plan.

Engagement of parents/carers in the Choice and Partnership process is to be considered carefully at all stages, whilst respecting the confidentiality of the child/young person where appropriate. All clinical decisions about when and why parents/carers are excluded from information/episodes of care need to be documented in the Care Record, including assessment of the competency of the child/young person to make such a decision. Any decision to exclude parents/carers from information/episodes of care will need to reviewed and documented regularly.

10.16 The Specialist Child & Adolescent Clinic service offers a range of interventions in line with evidence based practice and NICE guidance. These include:-

- Professional Consultations and Liaison (face-face,telephone or virtually)

- Advice on appropriateness of referrals; advice about ongoing work in the community as well as requests for CAMHS clinicians to attend multi-disciplinary meetings in support of the wider local network

- Discussion about a child/young person to clarify whether a formal referral is appropriate or better to signpost to an alternative provision

- Identification of likely best interventions based on best practice and/or evidence, bearing in mind the context within which the problems present. This may include signposting to alternative provision.

- Direct Intervention – a range of face to face therapies including:-

    - Systemic Family Therapy
    - Child Psychotherapy
    - Psychosocial interventions
    - Cognitive Behavioural Therapy (CBT)
    - Interpersonal Psychotherapy (IPT)
    - Medication

## 11. Response Times

The Specialist Child & Adolescent Clinic service currently works within the following standards once a referral has been accepted:-

- For routine referrals, the child/young person and family are offered a face to face appointment within 28 days
- For Priority 1 urgent referrals, the child/young person will be offered a face to face appointment within 7 days

- For High risk referrals, the Child & Adolescent Crisis & Treatment Team will offer a response within 4 hours to ensure a speedy response.

## 12. Choice & Partnership Approach (CAPA)

In line with CAPA, the child/young person and their families are invited to an initial “choice” appointment where the aim is to reach a shared understanding of the difficulties they are experiencing, to identify what help is wanted and to identify goals for therapeutic work.

From there, a range of alternative interventions can be offered including other services, self-help strategies and/or appropriate specialist CAMHS interventions. If the child/young person and/or their family choose to be seen for further appointments with the service, then they are invited to book “partnership” appointments. Partnership work includes a range of therapeutic interventions offered as ‘Core’ Partnership appointments, as well as specific therapeutic interventions offered as ‘Specific’ Partnership appointments, in line with the CAPA model.

The aim of the CAPA Approach is to provide accessible, safe and effective services to children and young people that are user friendly and designed around their needs, with the child/young person and their family/carer working in partnership with the CAMHS practitioner on jointly agreed goals.

Once engaged in partnership upon a care/treatment plan, the child/young person and their family/carers will work with a dedicated Clinician with the appropriate skill set from within the multi-disciplinary professional team. S/he will act as the child/young person’s Care Co-ordinator in ensuring the effective delivery and coordination of his/her care. Therapeutic intervention from other clinicians within the multi-disciplinary team may be offered during the course of Partnership work depending on the formulation and agreed goals.

## 13. Clinical Risk Assessment/Management

Clinical Risk Assessment and Management is defined by the Trust as a continuous and dynamic process for judging risk and subsequently making appropriate plans considering the risks identified.

“Modern risk assessment should be structured, evidence based and as consistent as possible across settings and service providers” (Best Practice in Managing Risk – Department of Health 2009.)

Clinical risk assessment and management is fundamental to ensure:-

- Risks to the wellbeing of children, young people and their families, staff and others are assessed and identified
- Indicators of possible adverse outcomes e.g. non-compliance with treatment or non-attendance at appointments are addressed.
- Risks to children, young people, their families, staff and others are regularly *reviewed and actions taken to mitigate the risks*

- Risks to children, young people, their families, staff and others are communicated *appropriately to those who need to know*
- Children, young people, their families, staff and others are safeguarded
- Shortfalls in services are identified and addressed

The professional conducting the initial clinical interview will undertake a standard risk assessment using the standard CAMHS Risk Assessment tool. This will build upon the initial information provided by and any risk assessment undertaken by SPA staff during the referral process. For further information see Clinical Risk Assessment and Management Policy.

An enhanced and comprehensive risk assessment will be completed where a significant risk is indicated.

Identified risks will be shared with the child/young person and their family so that an agreed risk management plan can be developed. This will be shared with all HPFT staff working with the child/young person and their family and a copy of the risk assessment and management plan placed upon the electronic record.

It will be a clinical decision about whether and with whom this information should be shared outside the organisation. Such decisions will be taken in accordance with the guidance on consent to share information in Section 22 below. Information relating to the safeguarding of the child and others may also be shared under other guises.

All risk assessments are ongoing processes and any change/s to risk will be documented in a timely manner by the child/young person's key worker/therapist.

As a minimum, all risk assessments will be formally updated/reviewed annually.

## 14. Safeguarding

Where there is reason to believe that a child/young person under the age of 18 years or an unborn baby has suffered, is suffering or is likely to suffer significant harm, a referral should be made to the Hertfordshire Children Services.

CAMHS professionals should seek to discuss concerns, where appropriate, with the child/young person and his/her parent/carer and where possible seek agreement to making a referral.

This should only be done where such discussion and seeking agreement will not place the child/young person at increased risk of significant harm. All decisions taken should be clearly recorded within the Paris notes.

If CAMHS staff are unsure about making a referral, then they can consult with the Consultant Safeguarding Nurse or Lead Doctor for Safeguarding Children and / or the Safeguarding Team on one of the numbers below:

- Team Secretary / Administrator 01727 804717
- Senior Safeguarding Practitioner 01727 804516 / 07825 756747
- Consultant Safeguarding Nurse 01727 804229 / 07557 564089

All cases of suspected or actual abuse must be taken seriously and acted on, including those which initially may appear as minor as well as serious incidents.

CAMHS professionals have a responsibility to attend Child Protection Conferences, particularly where CAMHS have raised an alert to children's services.

Referrals to Hertfordshire Children's Social Services should always be made in writing on the appropriate form. Professional referrals cannot be made anonymously. Further details, including a copy of the Hertfordshire Child Protection Referral Form, can be found on the HPFT staff intranet http://trustspace/InformationCentre/TrustPolicies/Pages/Safeguarding.aspx

All safeguarding referrals should be reported on DATIX via this link https://hpft-web01/datix/live/index.php?module=INC

The Safeguarding Team must receive copies of referrals at the same time as they are sent to Children's Social Care on either of the following e-mail addresses;

safeguardingteam.hpft@nhs.net - use this address *only* from a secure nhs.net e-mail account (or similar secure e-mail address)

CAMHS staff must ensure that they record their concerns and actions taken in the EPR PARIS, including entering an alert about any child protection matters.

If CAMHS staff have concerns about subsequent action/s taken by partner agencies, they must escalate these to the relevant line manager for discussion with the Safeguarding Team who will advise about appropriate action.

## 15. Outcome Measures

The Trust's CAMHS service uses the CAMHS Outcome Research Consortium (CORC) measures to evaluate routinely the outcome from at least 3 key perspectives – the child/young person, the parent/carer and the practitioner.

The current core measures are:-

- Strengths & difficulties questionnaire (SDQ) for the child/young person and parent/carer perspective

- Commission for Health Improvement (CHI) Experience of service questionnaire (ESQ) for the child/young person and parent/carer to feedback on the service
- RCADS
- Symptom trackers

These measures are taken at 2 points:

Time 1

| SDQ | Completed by parents and child/young person before they are first seen or during the first meeting |
|---|---|
| CGAS or HoNOSCA | Completed by the practitioner after the first meeting |
| Goals | Completed by the practitioner following discussions with the child/young person and family (usually within first 3 meetings) |

Time 2

| SDQ | Completed by parents and child/young person at 6 months after first meeting (no less than 4 months or more than 8 months) |
|---|---|
| Goals | Completed by practitioner at 6 months after first meeting or at end of contract if this is sooner |
| CHI-ESQ | Completed by parents and child/young person at 6 months after meeting or at end of contract if this is sooner |

The data gathered from these measures is then stored locally in a database and sent to the CORC technical team for analysis, when enough data has been collected. Currently the local data is interpreted and presented by a member of the HPFT Performance Team supported by the local teams.

If it is not possible to provide measures on paper the young person and parent/carer should be sent measures via e-mail and encouraged to complete and return the same way.

## 16. Young People Who Do Not Attend (DNA)

Where a chid/young person who has been referred to CAMHS does not engage with services, clinicians should ensure that the HPFT Did Not Attend policy is followed. If a young person continues to DNA, a summary of any work undertaken should be documented on the EPR, including potential risk and the likelihood of future presentation to services.

A discharge summary should be written and sent within 5 working days to the referrer & GP, highlighting the potential risk and whether the child/young person would benefit from future interventions if they present at a later date to either CAMHS or where appropriate adult mental health services.

## 17. Discharge Process

All discharges and transfers from the specialist CAMHS service will be made in accordance with principles laid down in the Trust's overall Discharge policy which is available on the HPFT staff intranet.

Discharges (and transfers) will be documented in the EPR PARIS, and the following information will be recorded in a discharge summary to be sent to the referrer and the individual's GP:

- The reason for the discharge/transfer
- The child/young person's condition at the time of discharge
- A written final evaluation summary of the child/young person's progress towards identified treatment/care goals, including any ongoing risks and possible management strategies
- Any recommendations to maintain progress

The summary will be sent to the GP and the case subsequently closed on the EPR PARIS.

## 18. Transition to Adult Mental Health Services

Where a young person who currently receives a service from CAMHS, is assessed as requiring HPFT mental health services beyond his/her 18$^{th}$ birthday, a proposed transfer will be discussed by the CAMHS key worker/therapist with the young person and his/her family/carers. For longer term treatment and interventions this will not apply where it is assessed that CAMHS will have completed the relevant intervention before the young person's 19$^{th}$ birthday.

Where a transition is appropriate, the young person and his/her family/carers will continue to be involved at each stage of the transfer process and will receive the appropriate information regarding the new service/s, contact numbers etc. The HPFT transition care plan and relevant young person/parent/carer questionnaires will be used as part of the process.

The duty to conduct a transition assessment applies when a young person is likely to have needs for care and support under the Care Act. A transition assessment must be conducted for all those who have likely needs. However the timing of this assessment would depend on when it is of significant benefit to the young person. The provisions in the Care Act relating to transition to adult care and support are not only for those who are already receiving CAMHS services and /or Children's Social Care but for anyone who is 'likely to have needs' for adult care and support after turning 18. 'Likely to have needs' means they have any likely appearance of need for care and support as an adult, not just those needs that will be deemed eligible under the Care Act

The CAMHS key worker/therapist will make a formal referral to the relevant local Adult Mental Health service ideally 6 months before the young person's

18th birthday. The key worker/therapist will arrange a planning meeting which should take place at least 6 months before the person's 18th birthday and ensure ongoing communication between the young person and his/her family, CAMHS and the receiving adult service to ensure a smooth transition between services.

On an agreed date, a formal transfer meeting will be held where the CAMHS service officially transfer the care of the young person to adult mental health services and discharges them from CAMHS.

As above, a formal CAMHS discharge letter will then be sent to the young person's GP. The Care Coordinator will also inform all other agencies providing ongoing care to the young person of the change. S/he will also close the case to CAMHS on the EPR PARIS. The HPFT Transition Policy should be followed to ensure the agreed process for transition is adhered to.

## 19. Access to healthcare for people with a learning disability

All mental health services in HPFT are available to people with a learning disability. HPFT have a responsibility to ensure that all people with a learning disability access appropriate services and that they receive the best treatment available in line with good practice and legal frameworks.

Therefore CAMHS as all HPFT services will ensure that

- Reasonable adjustments are made to ensure that each child/young person has the same opportunity for health, whether they have a learning disability or not. (Equality Act 2010)
- Assume that each person presented to the service has capacity. If assessment shows they don't, a decision must be made in their best interest. (Mental Capacity Act 2005)
- Everyone has a right to expect and receive appropriate healthcare (Human Rights Act 1998)

Reasonable adjustments may include:

- spending time with the individual to gain an understanding of their circumstances and preferences
- asking them where they would prefer to be treated
- providing additional support to assist with communication, this support will be available via easy read material/and/or audio equipment
- If a child/young person or his/her family continue to have difficulty understanding it is the responsibility of the CAMHS staff to refer them to a specialist learning disability service for additional support
- Asking permission to see the Health Action Plan (Valuing People) which all people with a learning disability should have and contributing to this when appropriate
- Valuing and welcoming the contribution of the relative/carer/advocate

## 20. Capacity to Consent

Where the young person does not have capacity to consent to his/her treatment/care, CAMHS will act in accordance with the requirements of relevant legislation. In particular the CAMHS practitioner will need to refer to the Mental Capacity Act 2007 and the joint HPFT/HCC joint policy on the treatment. This states that health professional can and should provide treatment if it is considered to be clinically necessary and in the “best interests” of the service user.

Staff should discuss the circumstances of the individual young person with the multi-disciplinary team and where appropriate the parents and carers. In some situations, it will be necessary to seek legal advice about the most relevant legislation under which to act to safeguard the health and welfare of the child/young person whilst ensuring necessary treatment.

Staff should work to the principle that wherever possible, a child/young person should be involved in an age appropriate way in contributing to the decisions about their care/treatment.

The MCA 2005 states that:

- A person must be assumed to have capacity unless it is established that he lacks capacity. (in part 1 of the Act)
- The Act applies to anyone aged 16 years or over in England 7 Wales

It must therefore be presumed (unless there are grounds to believe otherwise) that all young people aged 16 and over **do** have capacity. Those under 16 years should be assessed using Fraser competency guidelines.

## 21. Induction, Training & Supervision

Staff development and training is a high priority for HPFT. Trust staff need to be able to recognise their existing expertise, knowledge, skills, experience and professional judgement and how to use these best to deliver services to the children & young people whom they serve.

Training schedules can be found on the HPFT Learning and Development Discovery site.

The training schedule applies to all staff groups indicated whether temporary or permanent.

Line Managers are responsible for ensuring that all staff are trained and that this training is renewed and records kept as required.

Both employees and employers are responsible for ensuring that their professional body training and registration requirements are met and they attend the required training at the required intervals to maintain this. It is the

responsibility of the Employee to notify their employer if, for any reason, their professional registration has lapsed or been withdrawn.

**22. Supervision and Appraisal**

All CAMHS staff have regular clinical and managerial supervision which is recorded and agreed in the individual's supervision record by the supervisee and held on the Discovery system. In addition each member of staff has an annual appraisal and a personal development plan identifying individual training needs and provisional development schedule. Children's safeguarding supervision needs to be mandatory within this process.

Peer Supervision arrangements need to include Safeguarding as a mandatory component, and sessions must be minuted from a Safeguarding perspective.

**23. Comments, Complaints and Compliments**

All comments, compliments and complaints should be dealt with in accordance with the jointly agreed Hertfordshire Partnership University NHS Foundation Trust's and Child Care Services Policy.

The policy requires all verbal or written complaints to be acknowledged within two working days with copies forwarded to the appropriate line manager and the Complaints Manager at Trust Head Office, Waverley Road, St. Albans.

Comments and Compliments, once responded to, should be sent for information to the Complaints Team at Trust Head Office.

Leaflets outlining the complaints' process and contact details are available at each of the CAMHS clinics.

**24. Confidentiality**

Staff will aim to preserve the confidentiality of information acquired from children/young people and protect the privacy of the individuals about whom such information is collected or held.

Parents, relatives and carers frequently request information. This will be given to them when appropriate and with the agreement of the child/young person except in circumstances where there is significant risk as detailed in Section 22 below.

Subject to the requirements of the law, CAMHS staff will take care to prevent the identity of any child/young person being revealed without the express permission of the individual. The CAMHS service does operate a system of "shared confidentiality" which means that information will be shared by members of the multi-disciplinary team for the purposes of allocation, advice and supervision.

Further guidance can be found in the HPFT Policy on the Management of Care records and the protocol Interagency Exchange of Information.

## 25. Access to Records

Members of HPFT staff have a statutory duty under the Data Protection Act 1998 to inform children & their parents/carers and young people that information about them is being held by the Trust on Paris, the electronic patient record used by HPFT. This records details of their health and social care assessment, treatment and progress and that these records are identifiable.

The children & their parents/carers and young people must also be informed about their right to access these records. CAMHS staff should inform the children and their parents/carers and young person both verbally and by offering them the relevant information leaflet. The CAMHS staff should inform the children and their parents/carers and young person that all information is confidential but may be shared on a "need to know basis"
Formal applications for access to records have to be made in writing.

"Access to your Health Records" leaflets are available at Specialist CAMHS clinics and also from the Information Management and Compliance Team at 99 Waverley Road, St Albans, and Hertfordshire, AL2 3JY.

This requirement does not override the promotion of good practice where health and social care staff share information and records with the children/young people during the course of their treatment/care episode.

In order to provide evidence that the best possible care and treatment is being given to the children/young people and their families/carers, CAMHS staff must follow the record management and confidentiality polices listed below:-

- ✓ >Care Records Management Policy
- ✓ >Clinical Information Filing Policy
- ✓ >Protection & Use of Service User Information Policy
- ✓ >Formal Access to Service User Records Policy
- ✓ >Freedom of Information Act Policy
- ✓ >Written & Electronic Communications Guidance
- ✓ >Corporate Records Management Policy

## 26. Consent to Share Information

The CAMHS professional who undertakes the Choice appointment should discuss the need on occasion to share information. S/he should then complete the "consent to
share information" form with the young person or parent as appropriate. Agreement
to consent to share information should also be recorded on the EPR PARIS.

In general, the sharing of information held by the Trust with regard to its service user/s, and if applicable, their families and carers must meet the requirements of the Data Protection Act1998, the Human Rights Act 1998 and any other legislation or guidance which is applicable to the Trust.

It is the responsibility of the CAMHS staff to ensure that in taking action under this policy they are complying with the law.

Information held by the Trust is subject to the legal "duty of confidence" and should not normally be disclosed without the consent of the person/s who have provided the information or are the subject of the information.

However, the CAMHS' duty of care to the individual or the public interest can override the requirement for confidentiality or the requirement for the individual's consent to disclosure in some instances.

These include matters where:-

- it is a notifiable infectious disease
- it is one of poisoning and/or a serious accident or incident in the workplace
- the information is required by statute or court order
- the information is required by the Coroner
- there is a serious risk of harm to the individual or to others
- there is a serious risk to public health
- the information is required for the prevention, detection or prosecution of serious crime within the Crime & Disorder Act 1998
- the child/young person is in the care of Child Social Services and the sharing of information with carers is necessary to ensure the best interests of the child/young person
- a child protection investigation is being carried out or the child/young person is on the child protection register and disclosure is necessary to assess the risk to the child/young person or to promote the effective protection of the child/young person.

In all such matters, the overriding principle is to ensure the safety of the child/young person.

26.1 Disclosure without consent in all instances, must be necessary and justifiable in each case and the information disclosed must be the minimum necessary to achieve the aim.

26.2 If in doubt, advice should be sought before disclosure is made. Due regard must be made to the fact that this may cause unnecessary delay which could have additional implications. Where a service discloses information without consent, it is responsible for ensuring that such action complies with the Data Protection Act 1998, Human Rights Act 1998 and any other legislation or guidance which is applicable to the Trust.

The reason for disclosing information without consent must be recorded in the EPR.

26.3 Further guidance on the release of information is given in the Trust's *'Guidelines for Sharing Information and Involvement in the Legal Process of Child Protection'* which can be found in the policies section on the HPFT Staff Intranet.

If staff have concerns they should refer to either:

- Head of Information Governance & Compliance for Learning Disability/CAMHS or
- Directorate Manager for Mental Health Act, Clinical Records and Administration for Mental Health services at Trust Head Office or
- The Caldecott Guardian

26.4 When sharing and sending information the Trust expects all members of staff to ensure that the information is safeguarded during transit e.g. fax to a safe haven or password protected (*via a separate email*) on a secure e-mail system.

## 27. Freedom of Information

The purpose of the Freedom of Information Act (FOI) is to allow greater access to non-clinical information held by public authorities and potentially *"the public can scrutinise every document (that is not about an individual e.g. young person)"*. The Freedom of Information Act gives the public the right to be told whether a piece of information exists and the right to receive it if requested.

However the FOI Act does not supersede the Data Protection Act 1998 and information about an individual, described as personal data, would NOT be disclosed under the FOI Act.

## 28. Records Management

All CAMHS service staff, including seconded staff) are responsible for the records that they create or use in the course of their duties. This responsibility is defined both in law and in other professional guidance, covering the handling of records, for example the Public Records Act 1958, the Data Protection Act 1998 and the Freedom of Information Act 2000. The Trust's Records Management Policies give full details of those responsibilities and the standards CAMHS staff need to meet.

## 29. Health and Safety

The health and safety of its staff, young people, their families and carers are of high importance. Any kind of violence – verbal or physical – to staff, children/young people or their families and carers will not be tolerated. All such incidents must be reported using the appropriate form. Where

appropriate, incidents will be reported to the police and a criminal prosecution may follow.

It is the general duty of every member of CAMHS staff to take reasonable care of their own health and safety and that of others. This includes acts of commission as well as omission which may impact on others. It also includes the use of necessary safety devices and protective clothing and to cooperate with managers in meeting their responsibilities under Health & Safety legislation.

Clinicians must ensure that for appointments offered either in a clinic setting or in a young person's home that appropriate personal protective equipment must be worn as per national guidance. Information containing the most up to date advice can be located on The Hive.

## 30. Embedding a culture of Equality & RESPECT

The Trust promotes fairness and RESPECT in relation to the treatment, care and support of service users, carers and staff.

RESPECT means ensuring that the particular needs of 'protected groups' are upheld at all times and individually assessed on entry to the service. This includes the needs of people based on their age, disability, ethnicity, gender, gender reassignment status, relationship status, religion or belief, sexual orientation and in some instances, pregnancy and maternity.

Working in this way builds a culture where service users can flourish and be fully involved in their care and where staff and carers receive appropriate support. Where discrimination, inappropriate behaviour or some other barrier occurs, the Trust expects the full cooperation of staff in addressing and recording these issues through appropriate Trust processes.

Access to and provision of services must therefore take full account of needs relating to all protected groups listed above and care and support for service users, carers and staff should be planned that takes into account individual needs. Where staff need further information regarding these groups, they should speak to their manager or a member of the Trust Inclusion & Engagement team.

Where service users and carers experience barriers to accessing services the Trust is required to take appropriate remedial action.

| Service User, carer and/or service access needs (including disability) | The Specialist CAMHS Clinic service operational policy reflects the Trust's duty to address how the needs of people, including those with disabilities and/or differing communication needs can be met. The policy underlines the need to make appropriate adjustments to facilitate the individual's participation in the process in an age appropriate way. This may involve the use of interpreters, |
|---|---|

| | |
|---|---|
| | undertaking interviews in appropriate locations, using a range of methods to facilitate the active involvement of advocates or representatives of the children/young people where appropriate. |
| Involvement | The staff of the Specialist CAMHS clinic services were involved in the development of the original policy. This policy is devised to act as an interim measure until a full review of the CAMHS policy is undertaken later in the year to support the transformation in the Trust CAMHS services. These interim revisions to the current policy have been discussed with the CAMHS Programme Manager, the CAMHS Service Line Lead, the CAMHS Community Manager & staff from the Trust's Single Point of Access. Once ratified the policy will be circulated to all referring agencies. |
| Relationships & Sexual Orientation | The CAMHS service is founded on principles of "real choice and respectful partnership" which require the service to take into consideration the particular needs and circumstances of the individual and/or their parents/carers. Staff have particular expertise in providing opportunities in facilitating sensitive discussions about relationships and issues relating to sexual orientation. |
| Culture & Ethnicity | The CAMHS service is founded on principles of "real choice and respectful partnership" which require the service to take into consideration the particular needs and circumstances of the individual and/or their parents/carers. This includes an individual child/young person's ethnicity and cultural beliefs and requirements. |
| Spirituality | The CAMHS service is founded on principles of "real choice and respectful partnership" which require the service to take into consideration the particular needs and circumstances of the individual and/or their parents/carers. This includes an individual child/young person's spiritual beliefs and requirements. |
| Age | The operational policy reflects the nature of the service which is designed and delivered to be age-specific in order to meet the needs of children and young people up to the age of 18 or 19 in some circumstances. |
| Gender & Gender Reassignment | The CAMHS service is founded on principles of "real choice and respectful partnership" which require the service to take into consideration the particular needs and circumstances of the individual and/or their parents/carers. Staff have particular expertise in |

| | |
|---|---|
| | providing opportunities in facilitating sensitive discussions about gender and gender reassignment. |
| Advancing Equality of Opportunity | The CAMHS service is required to monitor and report on the delivery of its service through CORC as well as the usual “Having Your Say” feedback processes and staff surveys. |

## 31. Promoting and considering individual wellbeing

Under the Care Act 2014, Section 1, the Trust has a duty to promote wellbeing when carrying out any of their care and support functions in respect of a person. Wellbeing is a broad concept and is described as relating to the following areas in particular:

- Personal dignity (including treatment of the individual with respect);
- Physical and mental health and emotional wellbeing;
- Protection from abuse and neglect;
- Control by the individual over day to day life including over the care and support provided and the way in which it is provided;
- Participation in work, training, education, or recreation;
- Social and economic wellbeing;
- Domestic, family and personal;
- Suitability of living accommodation;
- The individual’s contribution to society.

There is no hierarchy and all should be considered of equal importance when considering an individual’s wellbeing. How an individual’s wellbeing is considered will depend on their individual circumstances including their needs, goals, wishes and personal choices and how these impact on their wellbeing.
In addition to the general principle of promoting wellbeing there are a number of other key principles and standards which the Trust must have regard to when carrying out activities or functions:

- The importance of beginning with the assumption that the individual is best placed to judge their wellbeing;
- The individual’s views, wishes, feelings and beliefs;
- The importance of preventing or delaying the development of needs for care and support and the importance of reducing needs that already exist;
- The need to ensure that decisions are made having regard to all the individual’s circumstances;
- The importance of the individual participating as fully as possible;
- The importance of achieving a balance between the individuals wellbeing and that of any carers or relatives who are involved with the individual;
- The need to protect people from abuse or neglect;
- The need to ensure that any restriction on the individual’s rights or freedom of action that is involved in the exercise of the function is kept to the minimum necessary.

## 32. Process for monitoring compliance with this document

This policy will be reviewed and monitored in line with current Practice Governance standards relating to the wider CAMHS service.

Local Practice Governance groups, involving all stakeholders, meet bi-monthly to review, reflect, prioritise and learn the lessons identified from practice issues such as serious untoward incidents or near misses, complaints and compliments.

| Action: | Lead | Method | Frequency | Report to: |
|---|---|---|---|---|
| Monitor Activity | CAMHS Practice Governance Lead | Collate and report key performance indicators | Monthly | Managing Director and Senior Leadership Team<br>HPFT Executive/Board |
| Monitor Feedback | CAMHS Practice Governance Lead | Collate and report on feedback | Monthly | |

## PART 3 – Associated Issues

### 33. Version Control

| Version | Date of Issue | Author | Status | Comment |
|---|---|---|---|---|
| V1 | 28th July 2011 | CAMHS Community Manager | Superseded | New Policy |
| V2 | 7th April 2015 | Programme Manager, CAMHS | Superseded | Full review |
| V2.1 | Sep 2015 | CAMHS Service Line Lead | Superseded | Care Act Addendum removed and updated in line with Care Act. |
| V2.2 | October 2018 | CAMHS Service Line Lead | Superseded | 3 year review |
| V3 | January 2019 | CAMHS Service Line Lead | Superseded | 3 year review |
| V3.1 | Septembe r 2020 | CAMHS Service Line Lead | Current | Covid-19 Update |

### 34. Archiving Arrangements

All policy documents when no longer in use must be retained for a period of 10 years from the date the document is superseded as set out in the Trust Business and Corporate (Non-Health) Records Retention Schedule available on the Trust Intranet

A database of archived policies is kept as an electronic archive administered by the Compliance and Risk Facilitator. This archive is held on a central server and copies of these archived documents can be obtained from the Compliance and Risk Facilitator on request.

### 35. Associated Documents

- Clinical Risk Assessment and Management
- Lone Worker Policy
- Comments, Complaints and Compliments Policy
- Learning from Adverse Incidents
- Management of Care Records
- Transition Policy from CAMHS to adult mental health services
- Hertfordshire Joint Safeguarding Children Board Policy & Guidance
- Access to Records
- Information Sharing Protocol
- Policy on Prevention and Management of Violence
- Whistleblowing Policy
- Single Point of Access Policy
- DNA Policy

- Clinical Risk Assessment and Management Policy
- CAMHS High Risk Protocol

**National Guidance**

- Mental Health Act
- Mental Capacity Act 2007
- Data Protection Act 1998
- Human Rights Act 1998
- Equality Act 2010
- *'Safeguarding children and young people: roles and competences for health care staff'*
- INTERCOLLEGIATE DOCUMENT Third edition: March 2014 Royal College of Paediatrics and Child Health *'Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004'* DfES publications

**36. Supporting references**

- Every Child Matters 2004
- NSF for Children – DoH 2004
- The Children's Plan – Building a Brighter Future
- National CAMHS Review 2008
- The Children's Act 1989
- Emotional & Wellbeing Strategy 2007

**37. Consultation**

List of people/groups involved in the consultation

| CAMHS Service Line Lead | |
|---|---|
| CAMHS Community Managers | CAMHS Transformation Manager |
| CAMHS Governance Manager | CAMHS Professional Lead for Psychological Therapies |
| CAMHS Safeguarding Lead | CAMHS Senior Management Team |
| CAMS LAC Nurse | Head of Practice Governance |

## Appendix 1

**Specialist CAMHS Community Team**

**Care of People Waiting Protocol (CoPWP)**

### Context

This Protocol has been developed to support both Teams and our Service Users where there may be delays in waiting times for a choice assessment or treatment from a 'choice assessment' to 'partnership waiting list' within the service and this becomes a concern. The SLT/Governance team has raised concern about the mental well-being and potential unidentified risks of those waiting for a period of time without review. This protocol has been developed to meet the following aims:

- ✓ To routinely identify risks, including safeguarding, that we would otherwise have been unaware of, and to undertake appropriate risk assessment and risk management plans where appropriate, to reduce crisis presentations.
- ✓ To routinely review care / safety plans to ensure they are still appropriate and meaningful, and update / amend as appropriate, and inform/update necessary professionals, i.e. social worker/GP/School.
- ✓ To remind service users of the recommendations made at assessment e.g. utilising resources or services provided by other agencies / voluntary sector.
- ✓ To identify service users who no longer need CAMHS intervention and to discharge accordingly, such that the waiting list is an accurate reflection of those waiting who continue to require a specialist CAMHS service, and inform/update the network.

### 1. Protocol

The protocol will cover four key areas:

- When the wait for choice assessment exceeds 28 days without a booked appointment within a further 14 days. Referrals waiting longer than this date will be taken to the team meeting for discussion and RAG rated.
- Service Users have waited on the waiting list for a period of 28 days without previous contact with CAMHS.
- Service users contacting the service to ask about waiting times or to check when they / their child will be seen.

- Service users contacting the service to express concern about deterioration in their child's mental health, where there is not deemed to be significant risk of harm.

**2. Allocation**

- Contacting the CYP waiting for a Choice assessment will be the responsibility of the relevant Quadrant Team
- This role is part of duty and will be undertaken by the clinician that undertook the choice assessment. The service has a duty rota for allocated duty worker on a daily basis.
- Reviews of the waiting list will be by telephone only. If a face-to-face review is required following a care of waiter call this will be directed either to a senior clinician for review of risk and offered a P1 slot, or to the clinical team meeting for allocation.

**3. A Care of Waiter call will contain the following elements:**

- Introduction to set expectations of the call e.g. "I'm telephoning to review things whilst you / your child remains on our waiting list."
- Clarification of what interventions they are listed as waiting for.
- A question about whether that care plan (the intended interventions) is still appropriate.
- A review of any significant changes since assessment / last duty worker review that might influence the care plan.
- A review of risk, including identifying and reviewing any safeguarding risks.
- A review of agreed actions / recommendations made at assessment / last duty worker review and encouragement to implement these if not actioned or exploration of obstacles to implementation.
- Signposting as appropriate to further sources of support / information.

**4. Tasks requiring completion following Care of Waiter calls:**

- Telephone contact inputted and outcomed as non-F2F appointment on Paris.
- Care note completed on Paris.
- Risk assessment on Paris updated (along with risk management plan) if there has been a significant change to risk/and/or safeguarding risks.
- Waiting list updated to record date of next anticipated Care of Waiter review.
- If a change to the care plan is required (change of intervention or change of plan) added to agenda for next clinical team meeting for discussion, and if appropriate update parents / carer of outcome, and any other professionals in the network, i.e. social worker/GP/School.
- Any follow-on tasks completed e.g. referrals to other services, sending out information.

- Complete discharge tasks if case no longer requires specialist CAMHS i.e. discharge summary, close referral on Paris and remove from waiting list.
- Letters will not routinely be sent following CoPWP reviews as capacity does not currently support this.

## 5. Non-response

- At the first attempt to contact, if telephone contact cannot be made on two occasions (at least one week apart), this is noted on Paris and the waiting list is updated to record date of next review.
- At the next attempt to contact, if telephone contact cannot be made on two occasions (at least one week apart) a standard letter is sent asking them to contact us within 2 weeks to confirm that CAMHS intervention is still required. If no response is received then a final letter is sent to the referrer and GP if the GP was no the original referrer advising we have closed the referral due to non-contact.
- If there are any concerns preventing closure of the case due to non-contact this must be raised via the usual safeguarding routes and discussed with either the CCM or a member of the local QLT.

## 6. Role of admin

- The local admin team will support the duty-worker for any administrative support required.
- When a phone call is received from a young person/parent who is waiting to be seen. The admin team will inform families the duty worker will respond to their query no later than 24 hour and ideally within that duty shift.
- Admin add the request for contact to the duty-worker including date request received, name of young person, NHS number and details of the message / request including any contact numbers left.
- Admin should make all efforts to deal with the query whilst ensuring they pass clinical issues to duty appropriately e.g. if the query relates to an appointment time, travel information or other contact details admin should be able to provide an immediate response without passing this to the duty worker.

## 7. Role of MDT

- If clinicians receive an enquiry that falls into the duty worker remit, they will ask admin to add the request to the duty worker spreadsheet as per above (N.B. the date should reflect the date the request was received).
- The Duty worker can ask for support for any clinical matters arising on the day from a senior clinician, QLT member or from the CCM.

- Senior members of the MDT should support the duty worker as necessary.

## 8. Communication

- The duty-worker has to ensure the Paris notes are updated.
- The admin team should support the duty worker in sending the care of waiter's letter out.
- In the waiting-list spread sheet, all actions to be recorded for each child and young person.
- The waiting list spread sheet with the actions/comments to be discussed in the weekly clinical meeting.

June 2019

Our Values

| we are... | you feel... |
| --- | --- |
| Welcoming | Valued as an individual |
| Kind | Cared for |
| Positive | Supported and included |
| Respectful | Listened to and heard |
| Professional | Safe and confident |