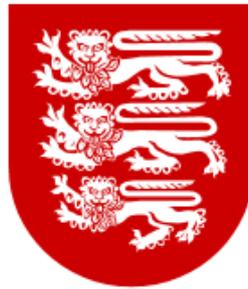

STATES OF JERSEY



CHILDREN AND ADOLESCENT MENTAL HEALTH SERVICE (R.151/2022): EXECUTIVE RESPONSE

Presented to the States on 30th January 2023
by the Public Accounts Committee

STATES GREFFE

REPORT

In accordance with paragraphs 69-71 of the [Code of Practice](#) for engagement between ‘Scrutiny Panels and the Public Accounts Committee’ and ‘the Executive’, (as derived from the [Proceedings Code of Practice](#)) the Public Accounts Committee presents the Executive Response to the Comptroller and Auditor General’s Report entitled: [Children and Adolescent Mental Health Services](#) (R.151/2022 presented to the States on 13th September 2021).

The Committee intends to arrange a public hearing with the Chief Officer of Children, Young People, Education and Skills in the first quarter of 2023, after which it will consider any further action in respect of the report and recommendations.

Deputy L. Feltham

Chair, Public Accounts Committee



**The Chief Executive and Acting Director
General of Children, Young People,
Education and Skills' and Director General
for Health and Community Services response
to the Comptroller & Auditor General's
Review:**

Child and Adolescent Mental Health Service

November 2022

Glossary of Terms

C&AG – Comptroller and Auditor General
CYPES - Children Young People Education and Skills
CAMHS – Child and Adolescent Mental Health Service
HCS – Health and Community Services
GoG – Governance Oversight Group
WACs – Women’s and Children’s Care Group
ADHD – Attention Deficit Hyperactivity Disorder
GoJ – Government of Jersey
PAC – Public Accounts Committee

Chief Executive, Acting Director General of Children, Young People, Education and Skills, and Director General of Health and Community Services - Response to C&AG Review: [Child and Adolescent Mental Health Services](#) - Executive Response to Public Accounts Committee by 7th November 2022

Summary of response:

The Chief Executive, Acting Director General of Children Young People Education and Skills (CYPES) and Director General of Health and Community Services (HCS) welcome the Comptroller and Auditor General’s (C&AG) report on the Child and Adolescent Mental Health Service (CAMHS). The Acting Director General of CYPES, and Director General of HCS, are pleased to note that the C&AG has observed that the Children and Young People’s Emotional Wellbeing and Mental Health Strategy (2022-2025) sets out a clear picture of what needs to be achieved and is clear on implementation standards. The Acting Director General of CYPES, and Director General of HCS, are also pleased that C&AG note the positive impact of the new service structure, reductions in waiting times, positive impact of investment and extensive recruitment that has occurred.

The Acting Director General of CYPES, and Director General of HCS, agrees with the C&AG that there is work to be completed on addressing the governance arrangements for CAMHS. The background context is that CAMHS moved into CYPES from HCS in 2019 as part of the target operating model, and delays to addressing the governance work occurred in the subsequent context of COVID and the focus of efforts on the delivery of emergency inpatient and community support, staffing issues, and rapid increase in mental health issues exacerbated by the pandemic. The Acting Director General of CYPES, and Director General of HCS, would particularly like the PAC to note that the majority of recommendations had already been identified and work already underway to address them. This included work the newly appointed CAMHS Quality Assurance Manager, CAMHS Data Officer, and Head of Health and Wellbeing have been completing on data records, performance measures and meeting structures to name but a few. The other comprehensive recommendations are helpful to continue the efforts to improve the CAMHS service.

Action Plan

Recommendations	Action	Target date	Responsible Officer
<p>R1 Strengthen:</p> <ul style="list-style-type: none"> the use of Jersey specific risk data and wider determinants of health in forecasting demand for children’s mental health services (both capacity and services needed); and 	<p>A CAMHS data officer and Quality Assurance Manager were appointed in 2022 to lead improvements to data recording, performance assessment, feedback and analysis. From January 2023 there will be an annual CAMHS report developed by the Quality and Assurance Team that will feed into a larger annual review of strategy implementation. This will review the key data sets from</p>	<p>01/02/2023</p>	<p>Head of CYPES Informatics; Quality and Assurance Manager CAMHS</p>

<ul style="list-style-type: none"> cross-departmental measures of the impact of interventions, including as part of the Jersey Performance Framework. 	<p>the previous year, which will help inform the business case and capacity / specialism required. This will be complete by February 2023.</p> <p>CAMHS data will be richer and more robust following the work to update care partner (completed in 2022) and change in data recording from the Referrals now going through the Children and Family Hub to case activation (since February 2022).</p> <p>CAMHS Quality Assurance Manager will liaise with Daniela Raffio, Public Health, to ensure wider health and care data identified in the strategy, such as the Jersey Performance Framework will be included. The report will be presented at the Health and Wellbeing Delivery Forum, chaired by Peter Bradley, Public Health from 2023 onwards.</p> <p>August 2022 - Training delivered to all staff in the use of the new forms. Forms are live on Care Partner. Further support for training is available to staff. Plan - by the end of December 2022 all staff to be using all the new forms. Three months of data to be collected before moving away from the current method of data collection.</p> <p>September 2022 - Informatics/CAMHS - development continuing dashboard.</p>		
<p>R2 Establish service needs and criteria for evaluating opportunities for services to be commissioned for delivery in partnership with - or exclusively from - community providers.</p>	<p>There are existing positive commissioning arrangements with Islands Autism and Options 8 for autism assessments, and with Kooth and Mind Jersey for Tier 2 support arrangements and the Youth Service for the Wellbeing drop in. All of these have contributed to improved waiting times and support arrangements. The annual report, from January 2023, by Quality and Assurance will identify service pressures and areas where further commissioning arrangements may be helpful, such as currently within ADHD diagnostic</p>	<p>01/01/2023</p>	<p>Quality and Assurance Manager CAMHS; Team Manager System Redesign and Commissioning</p>

	<p>assessments where the wait for assessment is 6-8 months. As part of the redesign and strategy development it was identified a new integrated neurodevelopmental service needed to be developed, this will sit within Health and Wellbeing and help support a more robust approach to ADHD treatment.</p>		
<p>R3 Ensure improvements to on-Island inpatient care for children and young people are implemented, including by setting and monitoring Key Performance Indicators (KPIs) to demonstrate improved service user experience.</p>	<p>Work is continuing at Clinique Pinel to replace Orchard House as an inpatient facility for young people requiring crisis care (due to be completed Spring 2023). Currently any young people placed at Orchard House receive 1:1 support in a separate area. The new environment at Clinique Pinel will address existing concerns.</p> <p>Specialist inpatient care at the General Hospital is sometimes required and there were plans in the new hospital design for a dedicated space for young people receiving this support. Thus, specialist inpatient care will be included in the design of the new General Hospital. Significant reviews and work took place in 2022 to consider the design / adaptations to Robin ward to support current concerns, but the existing building aspect prevented any progress. There is currently a wait whilst the Government review the new hospital options. We will work on developing KPIs and feedback collation from any young person who has received inpatient care to ensure a robust inpatient pathway is implemented</p> <p>Children / young people placed off island will have a care co-ordinator who will review and monitor the placement and feedback monthly to the relevant resources and funding panels in CYPES and HCS. This is described in the CAMHS Operational Policy.</p>	<p>01/03/2023</p>	<p>Director of Adult Mental Health</p>

<p>R4 Ensure that the IPP considers and commissions services to meet all needs of the service user when deciding on a package of care.</p>	<p>All requests for off island placements are taken to the Children's IPP. This panel meets monthly and at other times as required in exceptional situations. The TOR is completed for this panel. This panel is attended by relevant practitioners and senior managers across CYPES and HCS. The panel explores relevant OFSTED / CQC reports ahead of any placement to ensure young people are not placed in services that are deemed failing or requiring improvement. CAMHS care co-ordinators monitor and review all off-island placements and report back to IPP monthly. This role has been added to the CAMHS Operational Policy.</p>	<p>Complete</p>	<p>Director of CYPES</p>
<p>R5 Ensure that the 'due diligence' items set out in the Procurement Strategy are supported by high quality information and are used consistently when making decisions about off-Island placements.</p>	<p>The procurement strategy used in decision making for off island placements includes a due diligence process which lists factors to consider when making a placement option such as Care Quality Commission (CQC) ratings, OFSTED ratings and customer feedback. This process will be formalised and consistently recorded to evidence due diligence against placement decisions. There was just one young person who accessed off island support in 2021, and one additional young person (now 18) in 2022. Off island placement remain rare for CAMHS.</p>	<p>Complete</p>	<p>Director of Adult Mental Health</p>
<p>R6 Agree, adopt and communicate a Memorandum of Understanding between CYPES and HCS for the governance and operation of CAMHS.</p>	<p>Draft versions of the memorandum of understanding (MOU) between HCS and CYPES have been reviewed and agreed in principle. The MOU needs updating, after 3 years review, and agreeing and signing by key Directors in HCS and CYPES. Towards this, the MOU was discussed at two workshops hosted by Team Jersey in 2021. This has been further considered during Governance Oversight Group (GOG) Meetings, and in a separate meeting in August 2022 with HCS / CYPES</p>	<p>31/11/2022</p>	<p>Director of Adult Mental Health</p>

	Directors / Associate Directors. The Director of Mental Health and Adult Social Care is leading the updating of the MOU. Once complete this will be signed off at Director General Level.		
<p>R7 Agree, adopt and communicate a Terms of Reference for the joint Governance and Oversight Group, ensuring that this document:</p> <ul style="list-style-type: none"> • how all accountabilities are satisfied • how the joint principles identified at the away day will be carried forward; and • how the states objectives of the move of CAMHS to CYPES will be assured 	Terms of Reference (TOR) is in place for the Governance and Oversight Group. This will be reviewed at the next meeting in November 2022 with additional factors suggested included and described. Also, to take into account updated MOU.	01/12/2022	Chief Nurse / Head of Health and Wellbeing
<p>R8 Agree, adopt and communicate Terms of Reference for newly developed governance groups including the Mental Health System Partnership Board and the Children's Health and Wellbeing Programme Board. Ensure that these Terms of Reference document the groups' relationships to:</p> <ul style="list-style-type: none"> • the Jersey Care Model; and • the 'Our Hospital' Project 	TORs for both boards are in the process of being finalised. We will add the relationship to the Jersey Care Model; and the 'Our Hospital' project to the TOR. One of the working groups in the Children's Health and Wellbeing Programme Board (CHWPB) is looking at the joint capitol project between Child Development and Therapy Centre (CDTC) and CAMHS which demonstrates the link.	31/11/2022	Director of Public Health / Director of Adult Mental Health
<p>R9 Ensure arrangements are in place to monitor and manage compliance with all governance processes.</p>	Quarterly Governance audit, including a review of meeting minutes. There is a clear Governance structure (Exhibit 8 in C&AG report). The structure needs to ensure TORs are in place for all boards / meeting groups,	31/12/22	Head of Governance CYPES

	that attendance is maintained, and that meetings take place at the frequency detailed. From Spring 2023 CAMHS will be inspected by the Jersey Care Commission.		
R10 After a suitable period, evaluate how effectively all governance processes are working in practice.	Audit to take place in Summer 2023 to review TOR, meeting minutes, and Governance effectiveness. CAMHS will also be inspected by the Jersey Care Commission in Spring 2023.	Summer 2023	Head of Governance CYPES
R11 Document and implement a comprehensive quality and safety programme across CAMHS.	Within CAMHS, the newly appointed Quality Assurance Manager oversees quality and safety currently, reviewing Datix reports and post incident reviews; staff absence and wellbeing; and risk assessment aspects. Darren Bowring head of Service/Associate Director reviews the CAMHS risk register monthly and reports into the CYPES risk board and the Governance Oversight Group on risk issues. 4/10/2022 Permissions given for CYPES H&S manager, to have oversight of CAMHS datix submissions, so CYPES as well as HCS have oversight. Current exploration of Quality and Safety programme requirements across CYPES. Quality and Safety monitoring is an issue across Government of Jersey departments and requires corporate planning to address.	Complete for CAMHS – further investigations regarding Q&S support across CYPES.	Director General CYPES
R12 Establish a process to ensure that all relevant departments, not just the lead department, are aware of and properly engaged in implementing actions in response to accepted C&AG recommendations. Include this process	This action plan represents a clear list of identified leads, for each recommendation, across departments and services. The Public Accounts Committee oversee the Government Tracker and will monitor implementation oversight and ensure accountability. This will be added to the TOR for the GOG.	01/03/2023	Head of Health and Wellbeing

<p>in the Tracker Manual which covers roles, responsibilities, accountabilities and Tracker operation.</p>			
<p>R13 Agree, map out and implement roles, responsibilities and arrangements for CAMHS performance management across all areas of Government and all relevant structures, covering:</p> <ul style="list-style-type: none"> • Setting standards • Identifying and capturing data for Key Performance Indicators • Establishing ambitious targets and benchmarking arrangements • Monitoring and overseeing performance against standards and targets • Reporting; and • Taking action to resolve identified weaknesses and implement improvements 	<p>September 2022 - CAMHS already benchmark against the NHS on an annual basis. There are set key KPI's that are used to measure. These are monitored and reported monthly to management. Informatics are currently reviewing the weaknesses of this system and implementing a more robust method of capturing and reporting the data. Further improvements will be made on standards and targets once methods of data collection have been implemented. An Informatics Analyst started in post in September, following a period of vacancy. The postholder is currently working on a delivery plan in relation to the CAMHS dataset/dashboards. CYPES informatics are liaising with HCS Informatics to arrange access to all the relevant reporting tables from Care Partner, and to agree on the regular provision of data from Trak. The analyst is working closely with QA Managers to ensure that relevant targets are available for the KPIs. Responsibility for the NHS benchmarking submission is transferring to CYPES Informatics in 2023. Updates on the delivery plan and the latest data will be provided to the monthly FMT meeting, with highlights/areas for discussion presented to CGOG, and high level KPIs reported through CYPES Performance Board and within the annual report.</p>	<p>01/02/2023</p>	<p>Head of CYPES Informatics; Quality and Assurance Manager CAMHS</p>
<p>R14 Agree, map out and implement roles, responsibilities and arrangements for CAMHS risk management across all areas of Government and all relevant</p>	<p>Head of CAMHS has oversight of children's risks in the following areas: 1) HCS Risk Management committee (RMC) reports - See last monthly report attached (appendix 1) which</p>	<p>Complete</p>	<p>Head of Governance CYPES / HCS Risk Manager</p>

<p>structures. As part of this, review arrangements for ensuring all risks relevant to CAMHS are logged and can be appropriately cross-referenced in one document.</p>	<p>includes CAMHS / WACs children's risks. 2) Access to CAMHS operational and Clinical risks all stored in Datix (no CAMHS operational / clinical risks are stored outside of Datix for CAMHS so this does provide a single repository for risk (note project risks follow the separate. CPMO process) 3) Visibility of WACs (Woman's and Children's) Care Group Risks on Datix since Q3 2022. 4) Attendance of Joint Oversight Committee to work together. 5) Head of CAMHS (or delegate) attends of CYPES and HCS Monthly Risk Committees for wider risk position (where possible). 6) Risk Dashboard reporting (see attached) and ability to extract current position as pdf, excel or screen grab. 7) Each logged risk has a dedicated Risk Handler and Risk Owner (lead) assigned - Risk related responsibilities are attached to each role and built into the system / support documentation. 8) roles and responsibilities are also covered within training and process (swim lane) diagram. 9) Roles and responsibilities are defined in both CYPES and HCS RMC Terms of Reference (ToRs) plus in the GoJ Enterprise Risk Management strategy which both Directorates have adopted. 10) Both CYPES and HCS have adopted and used the Deep Dive Risk review process. Red (high) risks are prioritised and if suitable, subject to this at the appropriate time.</p>		
<p>R15 Set standards for documenting the output and outcome of CYPES strategic and key operational management meetings. As a minimum this should</p>	<p>All CYPES strategic and key operational management meetings will follow the governance structure of CYPES Senior Leadership meetings. This will include the recording of the meeting by the creation of meeting</p>	<p>Complete</p>	<p>Head of Office, CYPES</p>

<p>include attendance, items to be logged as risks, decisions made, and actions agreed. Ensure these are appropriately accessible so that they can be meaningfully used by officers.</p>	<p>minute, the recording of attendance, actions taken, and decisions made. Meeting minutes will be agreed and signed-off at the next meeting. If risks are identified, these are to be logged and communicated to the relevant risk lead for escalation.</p>		
<p>R16 In finalising a Minimum Data Set for CAMHS, make it sufficiently comprehensive to encompass all data to be routinely collected, including as a priority data to identify potential inequalities in access to services.</p>	<p>A minimum data set has been developed during 2022 and is described in the Health and Wellbeing (H&WB) Operational Policy. 28/9/22 - Draft minimum data set has been agreed which the new forms are based on. To be signed off at the CAMHS management away day on 24/10/22. As part of the referral form, data such as ethnicity and gender are identified and collected. Demographic data, as well as insights from the Jersey Children and Young People's Survey will be used to help inform our understanding of access inequalities.</p>	<p>01/03/2023</p>	<p>Head of CYPES Informatics; Quality and Assurance Manager CAMHS</p>
<p>R17 Formalise plans to improve the richness and quality of performance dashboards within Children's Health and Wellbeing. Ensure the needs of all parts of the governance and advisory structure are considered, including the Annual Report planned for 2023.</p>	<p>21/9/22 - Dashboards are currently a work in progress. HCS Informatics have previously provided data from Care Partner and Trak. The responsibility for reporting from Care Partner is transitioning to CYPES Informatics, and access to relevant data tables has been requested from HCS colleagues. Now that we have a dedicated CAMHS analyst in post, CYPES will be best placed to develop these dashboards, working closely with the service. Required data has been identified which will then be able to be included in the Annual report from January 2023.</p>	<p>01/03/2023</p>	<p>Head of CYPES Informatics; Quality and Assurance Manager CAMHS</p>

<p>R18 When using online 'live' data at a meeting or group, ensure sufficient information is recorded so that:</p> <ul style="list-style-type: none"> • Risks identified, decisions made, and actions agreed are clear; and • The basis for those decisions and actions is evident – for example a screen shot of the relevant data. 	<p>From 21st September 2021 all live data used in meetings will be accurately recorded in meeting minutes by using the suggested screen shot (as currently occurs with referral data in the H&WB management and referral meeting) or by detailed minute taking.</p>	<p>01/01/2023</p>	<p>Head of Health and Wellbeing / CAMHS Service Managers</p>
<p>R19 Ensure that learning from Jersey's participation in the NHS Benchmarking Network for CAMHS is routinely captured as part of action plans to improve data quality and performance.</p>	<p>21/9/22 - Jersey CAMHS benchmark against NHS data. Data from this will be included in the annual review regarding outcomes and learning opportunities.</p> <p>Jersey CAMHS consistently outperforms UK CAMHS in waiting times.</p>	<p>01/03/2023</p>	<p>Quality and Assurance Managers CAMHS</p>
<p>R20 Implement a process for regular CAMHS caseload review to ensure that caseloads are managed consistently and in line with agreed criteria.</p>	<p>21/9/22 - all clinical supervision meetings explore current case load and document / describe this in supervision notes.</p> <p>We are currently following the HCS 2021 practice supervision guidelines on a monthly basis for both case management and clinical supervision. This will be documented and recorded to meet the CAMHS service quality standards and JCC standards.</p> <p>Service Manager and the Lead Nurse will jointly review Worker's caseloads on a monthly- looking at how many cases are in the service, how many cases are allocated to each worker, and stages of assessment process.</p>	<p>01/01/2023</p>	<p>Duty and Assessment Service Manager CAMHS / Service Manager Specialist CAMHS</p>

	<p>Audit of cases open for over three (3) months and to ensure case progression is reviewed and monitored. Dip sample audits using different themes will be used to review quality and standard of work being produced by duty and assessment workers. Monthly supervision will also review the progression of cases.</p> <p>Feedback of audit will be used as learning points for the team, for the service and for partner agents.</p>		
<p>R21 Risk assess recruitment practices against relevant lessons from the issues experienced in retaining social workers and take mitigating actions to reduce the risk to CAMHS recruitment and retention.</p>	<p>CAMHS has made significant progress in terms of recruitment in 2023. The Government plan 2022-2025 includes planned investment of £8m for the implementation of the new model for CAMHS services.</p> <p>The redesign was implemented in 2022 effectively and significant progress made on recruitment. Work on promoting retention is already occurring and being supported by visual and accessible leadership, weekly full staff meetings, collaborative working practices, wellbeing plan including input from MIND Jersey to promote staff wellbeing, flexible working, regular social events, monitored supervision levels, TNA in progress to ensure good CPD / training opportunities for 2023.</p> <p>Darren Bowring has a quarterly meeting with CAMHS union representatives (TOR agreed August 2022) to explore employee issues and wellbeing.</p> <p>We are trialling a session on values and wellbeing with the Early Intervention service in October 2022 based on the study "Value congruence, importance and success</p>	<p>Complete</p>	<p>Head of Health and Wellbeing</p>

	<p>and in the workplace: Links with well-being and burnout amongst mental health practitioners"; if feedback is positive, we will extend to all CAMHS staff.</p> <p>Key CYPES Directors / Associate Directors attended a workforce strategy planning session at Team Jersey on 20/09/2022. Work on retention of staff is wider than just CAMHS and includes CYPES wide approaches, and Government wide approaches such as keyworker accommodation initiatives.</p> <p>19/10/22 HR presented to CAMHS management Delivery Hub functions to improve recruitment and retention support.</p>		
<p>R22 Undertake a post implementation review of the new process for receiving CAMHS referrals to understand whether:</p> <ul style="list-style-type: none"> including examples would help referrers phrase their concerns and improve information provision use of 'urgent' by those making referrals is in line with expectations; and there are issues caused by duplicate referrals. 	<p>Cleophas Ndhlalambi and Lisa Perkins to conduct a review on the referral process since CAMHS referrals have been processed via the Children and family Hub in 2021, and consider data on triage status, and whether template examples would improve information being received.</p> <p>Request will be made to the Mosaic team to run DATA and to provide access to PowerBI, to ensure that Data is analysed on a monthly basis and Data reports to be shared with the Team to review the child and family hub referrals process.</p> <p>There is a workshop for Hub staff planned on 9/11/22.</p>	<p>02/12/2022</p>	<p>Duty and Assessment Service Manager / Head of Service Family and Community Support</p>

<p>R23 Establish criteria against which against to monitor the impact of self-referrals, including as part of understanding inequalities of access to CAMHS and other Children's Health and Wellbeing services.</p>	<p>With the move to referrals coming through the Children and Families Hub self-referrals have been in place; ensuring reduced inequality of service access.</p>	<p>Complete</p>	<p>Head of Health and Wellbeing</p>
<p>R24 Explore options for automating the process of logging referral information across multiple systems (Mosaic, Care Partner and Trak Care), to reduce the risk of error.</p>	<p>21/9/22 - Multiple patient data systems are an issue across the Government of Jersey and requires corporate solutions. Current process involves the H&WB administrator to open an additional entry on Trak and Care partner. There is a high risk of error in the manual transfer of data between systems. Potential solutions - Exploration of whether the two systems can interlink (informatics) and also whether Hub administrator could take on this task so it can be completed in a timely manner and any problems can be addressed immediately. This to be discussed with Duty Team Leader and Hub manager.</p> <p>The CAMHS Practitioner in the HUB is now set up with Two (2) screens to be able to open up two systems (Mosaic and Care Partner) whilst triaging the CAMHS referral to minimise the human errors in recording referrals.</p> <p>All referrals for CAMHS now come through the C&F hub and this has reduced the chances of referrals being lost in the system, and this has improved the centralisation of referrals to all referring agencies. There is need for a work to be done with our partner agencies in relation to the referral form and its completion. CAMHS-Service Manager for Duty and assessment jointly with the Head of Family and Community Support will arrange regular review meetings of the referral form to improve confidence in partners agencies in making referrals</p>	<p>01/04/2023</p>	<p>Duty and Assessment Service Manager / Head of Service Family and Community Support</p>

	<p>correctly and completing them with sufficient information. The CAMHS referral meeting on Mondays and Fridays will ensure that referrals are triaged appropriately and will then discuss the outcomes in the FMT for senior management oversight.</p> <p>Trak is due to be replaced by Maximus in 2023 so CAMHS will need to prepare for further changes to IT processes.</p>		
R25 Keep a log of decisions made and action agreed at the weekly Health and Wellbeing Service Referral Management meetings, including any actions to update the risk register.	21/9/22 - Minutes are taken at the H&WB weekly meetings and are available. Risk issues are a standard agenda item.	Complete	Head of Health and Wellbeing
R26 Ensure that arrangements to keep in touch with those referred and accepted for assessment meet good practice.	Cleophas Ndhilambi will update guidance in the Operational Policy to describe expected communication requirements for CAMHS staff as per best practice.	Complete	Duty and Assessment Service Manager
R27 Ensure 'triage' target times are widely understood by, and performance is reported to, referrers and the public.	<p>21/9/22 - Report acknowledges our P1,2,3, &4 represent good practice. CAMHS will be releasing an Annual Report in 2023 Q1 where these can be outlined.</p> <p>Ross Lawless, Assistant Psychologist, is updating the website details of CAMHS (update given to Head of Health and Wellbeing on 24/10/22) - this process will be added to that section and also to our information leaflets.</p> <p>Average waiting times for routine generic assessments, and for neurodevelopmental assessments, are currently reported quarterly, within the GoJ Service Performance Measures. This includes waiting time targets, and</p>	01/01/2023	Quality and Assurance Manager CAMHS, supported by an Assistant Psychologist.

	commentary to support the public's understanding of the data.		
R28 Although this is implicit in the triage process described, explicitly set and communicate waiting times standards for assessment for young people with psychosis and with eating disorders.	<p>Referrals for Psychosis and eating disorders will all be triaged as P2 Urgent. This has been clarified in the H&WB Operational Policy. Cleophas Ndhlalambi to communicate to Duty and assessment Team / Child and Family Hub Practitioners. This will be communicated in the duty team meetings, Supervision and will instruct all HUB practitioners to triage the Psychosis and eating disorder clients as urgent priority 2 (P2).</p> <p>Dip sampling to check that workers are following the process of progressing Psychosis and eating disorders referrals.</p> <p>Supervision will be used to review cases where P2 was the outcome from the referral.</p>	Complete	Duty and Assessment Manager CAMHS
<p>R29 Set out clear discharge protocols to provide explicit and tailored information on:</p> <ul style="list-style-type: none"> • how to stay well • a summary of how the child or young person felt about being discharged; and • whether they achieved the goals they identified or modified the goals 	<p>Discharge letter templates will be updated to include • how to stay well • a summary of how the child or young person felt about being discharged; and • whether they achieved the goals they identified or modified the goals. This will be completed in consultation with Youthful Minds.</p>	01/12/2022	Service Manager Specialist CAMHS
R30 Reconsider the approach to children and young people who 'were not brought' for appointments, both for	H&WB Operational Policy has been updated to clarify improved process. Lead Nurse in CAMHS will report WNB data at weekly H&WB management and referral	Complete	Quality and Assurance Manager CAMHS

<p>'in house' and commissioned services. Ensure that the emphasis is on safety and the child's right of access to healthcare.</p>	<p>meeting (TOR has been updated) and issues for key cases will be discussed and decision making recorded. PLAN - CAMHS to be included in WNB work with Health so that we can follow the same policy and share processes.</p> <p>Meeting took place on 5th October with Claire Thompson (HCS) to ensure CAMHS / HCS approaches aligned.</p> <p>22/09/2022 Darren Bowring discussed with Juliet Le Breuilly at CAMHS Operations and Governance Group meeting.</p> <p>All CAMHS staff trained in WNB policy on 26/10/22, given copy of policy, and discussion occurred to address questions from staff.</p>		
<p>R31 Prioritise an understanding of the reasons for re-referrals to CAMHS and set out any required actions in response.</p>	<p>21/9/22 - Due to recording issues, the re-referral rates previously include data of service users who are already open to CAMHS, for example if an open service user presents at A&E or is referred to another pathway.</p> <p>New data collection checks indicated an average re-referral rate for 2022 of 8%.</p> <p>Improved methods (i.e., referral form on care partner) will differentiate this data and provide more accurate details.</p> <p>Once accurate data is collected, we can more robustly review the reasons for re-referral and make appropriate changes if need be.</p>	<p>Complete</p>	<p>Quality and Assurance Manager CAMHS</p>

<p>R32 Finalise the protocol and arrangements for young people transitioning from CAMHS to AMHS and other services, ensuring decisions on timing are criteria rather than age driven. Establish a process to oversee compliance which includes service user feedback.</p>	<p>21/9/22 - A transition policy was developed by CAMHS and AMHS and is waiting to be ratified by the Governance and Oversight Group (GOG)</p> <p>Audit being completed by Richard Dyer regarding numbers. Clare Stretch is project manager employed by health to complete work around this.</p> <p>Feedback forms to be completed as standard with young people once transitioned and logged on care partner and presented in the annual Quality and Assurance report (Sarah Hayward / Sandra Haines).</p> <p>Meeting between CAMHS and the Adult Team at midday (29/9/22) to conclude the Policy and forwards for ratification.</p> <p>CAMHS and JAMHS have continued to follow the policy for the last 12 months in order to follow best practice guidelines on transition. The document has been sent out to various services which include the input of young people and their families. Once ratified the working document will then be reviewed at 6 months due to the complex nature and the need to greater feedback within this period from all users.</p>	<p>01/03/2023</p>	<p>Service Manager Specialist CAMHS supported by Project Manager</p>
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Recommendations not accepted

	Recommendation	Reason for rejection