This specification must be read along with the overarching specification which applies to all services

This specification covers:
- Targeted Child and Adolescent Mental Health (Bristol, North Somerset and South Gloucestershire BNNSG).
- Sub-contracted co-commissioned early intervention / counselling and online counselling services (Bristol and South Gloucestershire).
- Specialist CAMHS (BNSSG).
- Crisis outreach 24/7.
- Potential to cover up to age 25 years.
- A mental health service for vulnerable children across Bristol and South Gloucestershire comprised of the functions described:
  - Looked after Children (BNSSG)
  - Youth Offending Team / Service (Bristol and South Gloucestershire)
  - Substance Misuse (Bristol and South Gloucestershire) see specification in appendix A
  - Troubled Families/ Family Intervention Team PMHP (Bristol and South Gloucestershire)
  - Be Safe (Core service Bristol, Children’s Programme Bristol and South Gloucestershire)
- Specialist service for children with disabilities (BNSSG) and positive behaviour support service (Bristol and South Gloucestershire).
- The Provider will resource alternative provision when service users instigate their right to ‘Choice’.
- Further amendments will be developed based on Emotional Health and Wellbeing Transformation plans and funding.

1. **Population needs**

1.1 **Purpose**

The purpose of this document is to specify the provision of Targeted and Specialist Child and Adolescent Mental Health Services (CAMHS) and specialist mental health services from the Provider.

It will describe the role, function and responsibilities of these services. The expectation is to move away from a traditional tiered model of delivery to a more flexible responsive model.

The Provider must ensure that services for children and young place them and their parents / carers at the heart of everything they do.
1.3 National / local context and evidence base

There has been universal acknowledgment in policy over the past ten years of the challenges faced by children and young people in developing resilience and psychological wellbeing.

For those children and young people with diagnosable mental health problems and their parents / carers and the agencies that support them, the challenges are greater.

A number of disorders are persistent and will continue into adult life unless properly treated.

It is known that 50% of lifetime mental illness (except dementia) begins by the age of 14 and 75% by age 18.

Young people who are not in education, employment or training report particularly low levels of happiness and self-esteem. The Macquarie Youth Index 2014 reported that 40% of jobless young people have faced symptoms of mental illness as a result of being out of work, and one-third of long-term unemployed young people have contemplated suicide. At the same time, effective treatments have been identified to improve the life chances of children and young people, and to minimise the impact on the long-term health of the population and economic cost to the public purse.¹

Comprehensive support for children and young people with emotional and psychological problems or disorders is provided through a network of services, which include:

- Universal services such as early years services, health visiting and primary care.
- Targeted services such as youth offending teams, primary mental health workers, educational psychologists and school and voluntary / third sector providers counselling (including social care and education).
- Specialist community multidisciplinary CAMHS teams.
- Highly specialist services such as inpatient services and much specialised outpatient services.

These services are not provided exclusively by the NHS.

¹ Department of Health, HM Government, ‘No Health without Mental Health. A cross governmental strategy for people of all ages’, Crown Copyright (2011)
The Prince’s Trust Macquarie, Youth Index 2014, Prince’s Trust (2013)
As children and young people’s emotional wellbeing and mental health affect all aspects of their lives, no one service alone will be able to meet their needs. There is a duty of cooperation placed on services to work together to the benefit of children and young people. Agencies need to work together to meet the needs of the populations they serve and to achieve wider system efficiencies. Services should work together in integrated ways to ensure appropriate communication and transitions.

This specification is linked to other specifications within the local area including:

- Overarching Community Children’s Health Services.
- Public Health Nursing.
- Community Paediatrics and therapies.
- Counselling.
- CAMHS highly specialist services (Tier 4 CAMHS).
- Acute Paediatrics.
- Accident and Emergency Services.
- Perinatal Mental Health Services.
- Adult Mental Health services.

It is important that children and young people, however they first present with difficulties, are supported by professionals to receive appropriate help and support as soon as possible. Interventions offered will be evidence-based, where there is a sufficient body of evidence, or reflect best practice. This specification details local integrated, multi-agency care pathways that enable the delivery of effective, accessible, holistic evidence-based care.

The Provider will ensure that children and young people will be treated, as far as possible, within their own community / close to home and in a timely manner.

Appropriate plans will be in place for children and young people in crisis and will include CAMHS staff at the point of entry.

It is essential that children, young people and parents / carers are involved in service design (as well as providing feedback to services). The Provider will actively consider how their service will respond to the needs of BNSSGs diverse population. This will include complying with relevant equalities legislation and best practice guidance. We will expect the service to make reasonable adjustments to ensure the service is open and accessible to the whole of our population.

Particular reference will be made to needs of people with disabilities, people from black and other ethnic minority communities, people who currently find it difficult to access current services or who are under-represented within those services.
There is a specific expectation that people with a learning disability will not be excluded from the services offered and that reasonable adjustments will be made to ensure an inclusive service delivery model.

The service will be delivered in line with the requirements of the national and local autism strategy to ensure people with autism have access to mainstream public services where ever possible and in doing so will be treated fairly as individuals.

People who are deaf will be enabled to access services through the provision of appropriate support.

People who require help with language, such as interpreting, in order to access services will be provided with appropriate support.

Transition arrangements into adult services must be in place, including transition arrangements to primary care if children / young people are not going to meet adult mental health services thresholds but still require some level of support.

1.4 What we have been told stakeholders want from CAMHS service

Children, young people and parents / carers have told us they want:

- To not have to hit rock bottom before you can get help.
- Easier, quicker, flexible access with earlier intervention.
- Better support for the family.
- More knowledge by other professionals.
- Signposting to alternatives.
- Better transition experience.
- Crisis and out of hours support.

Other stakeholders have told us they want:

- Right service, right time including in partnership with local authority and voluntary sector services.
- Seamless with other services.
- Stepped pathway.
- Shared goals with other agencies – (Think Family, Team around the family, key working - Requirement to attend Education, Health and Care Plan and Early Help meetings).
- Ensure good transition through 16-18 Transition pathway.
- Flexible person centred service not just clinic based.
• If young people not engaging or clinically not appropriate for service, need support for family/ referrers.
• CAMHS staff who can communicate well.
• Services that reflect and meet the need of a diverse population; age and gender appropriate, culturally competent.

2. Outcomes

CAMHS contributes to a number of strategic outcomes that have been pre-defined both nationally and locally.

2.1 NHS Outcomes Framework Domains and Indicators

The provision of good CAMHS will support improved outcomes across all five domains.

| Domain 1 | Preventing people from dying prematurely | ✓ |
| Domain 2 | Enhancing quality of life for people with long-term conditions | ✓ |
| Domain 3 | Helping people to recover from episodes of ill-health or following injury | ✓ |
| Domain 4 | Ensuring people have a positive experience of care | ✓ |
| Domain 5 | Treating and caring for people in a safe environment and protecting them from avoidable harm | ✓ |

2.2 Public Health Outcomes Framework

| Domain 2 | Health Improvement | ✓ |
| Domain 4 | Healthcare, public health and preventing premature mortality | ✓ |

2.3 No Health without Mental Health - Department of Health, 2011.

National strategy document for Mental Health has influenced the three areas to develop strategies to improve mental health across the ages -

1. More people will have good mental health.
2. More people with mental health problems will recover.
3. More people with mental health problems will have good physical health.
4. More people will have a positive experience of care and support.
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5. Fewer people will suffer avoidable harm.
6. Fewer people will experience stigma and discrimination.

2.4 Local Area Strategic Outcomes

- Bristol Emotional Health and Wellbeing Transformation Plan.
- Bristol Suicide Prevention Strategy.
- North Somerset Health and Wellbeing Strategy.
- North Somerset Public Mental Health Strategy.
- North Somerset Draft Children and Young People’s Mental Health Strategy.
- North Somerset Transformation Plan: Mental Health and Wellbeing.
- North Somerset Suicide Prevention Strategy.
- South Gloucestershire Children and Young People’s Mental Health Strategy (in development).

South Gloucestershire Emotional Health and Wellbeing Transformation Plan

Local joint commissioning arrangements and guidance includes:

- Bristol SEND Plus Commissioning Board.
- Bristol Children and Families Outcomes Board.
- North Somerset Joint Commissioning Group, part of People and Communities Board sub-structure.
- South Gloucestershire Children’s Trust Board.
- South Gloucestershire 0 - 25 Partnership Board.

2.5 Locally defined BNSSG CAMHS Outcomes

2.5.1 Service User Outcome 1 (NHS D1 - 5, PH2, 4) – CYP receive the right service at the right time through service partnership with local authority services, VCS and Primary Care.

Demonstrated through service outcomes

- Increased awareness of what the service offers in an appropriate format within schools which includes how to access.
• Addressing inequalities in access and outcomes.
• Better managed transitions to adult services.
• Increased awareness, clear pathways and joint working with other services including voluntary / third sector organisations who work with children and young people at risk of having mental health needs.
• Increased access to support in a crisis, including support in appropriate flexible environments in the community.
• The service will work with children, young people, families and partner agencies to support individual users to engage with services. This may include, where appropriate, assertive contact in collaboration with other professionals, seeing children in an alternative setting, and flexibility about timing of appointments. Where a young person does not wish to engage with the CAMHS services offered, but continues to present risks to themselves or others as identified by other agencies, the service will support partner agencies to hold and manage risk around the individual, through consultation to the Team Around the Family, and other collaborative approaches.
• Good communication, engagement and pathway development with Primary Care in their clinical commissioning and clinical role.
• Increased flexibility and perseverance in engaging creatively with children and families who find services difficult to access.
• Non-attendance rates reduce.
• Choice and responsive service.

Improved access to emotional support and prevention of escalation with reducing waiting times and earlier triage using that delivers outcomes as in the Choice and Partnership approach.

The child / young people will be triaged and seen as follows:

• Life threatening within 2 to 24 hours according to risk.
• Urgent 1 week.
• Routine initial assessment 5 weeks with the ambition of follow up treatment start within subsequent 7 weeks.
• Fast track access schemes of 2 weeks for highly vulnerable young people where there is likely to be a small window to engage, such as those in supported accommodation or homeless.
• Timely advice to referrers and support to referrer / family whilst waiting for appointment and between appointments.

If young people are not engaging or are clinically not in a stable situation to access specialist service, support will be available for family and referrers.
2.5.2 Service User Outcome 2 (NHS D1, 2, 3, 5 PHD2) – Improved mental health

Demonstrated through service outcome

- Children and Young People Improved Access Psychological Therapies (CYP IAPT) – improved access to effective psychological therapies where session by session monitoring is standard practice, involving the young person in reviewing process, goals and progress and robust supervision.
- Participate in CAMHS Outcome Research Consortium (CORC) or equivalent benchmarking outcome tool\(^2\).
- Improved outcomes for those presenting at local hospitals with serious self-harm / suicidal ideation and urgent mental health concerns.
- Reduced incidents of self-harm and impact from self-harm through a clear stepped pathway approach including in-reach to universal services and primary care.
- Reduced levels of hospital admissions.
- Improved recovery for children with eating disorder through a BNSSG community eating disorders service delivering against Transformation Plan requirements.
- Satisfaction or happiness scale UNICEF.
- Young People Friendly service.

2.5.3 Service User Outcome 3 (NHS D1, 2, 5, PHD4) — Improved resilience

Demonstrated through service outcome

- Positive coping through consultation and services delivered in schools.
- Increased resilience in families and individuals are able to manage their mental illness, mental health, confidence.
- Crisis are prevented through identifying early stressors, move between crisis back to maintenance.
- YP feel that CAMHS staff communicate well, listen and affirm young people, are able to understand and relate to them.
- YP find the service non stigmatised and accessible, delivered in a joined up way with other services for young people.
- The service contributes to reducing the stigma of mental illness.

\(^2\) To be reviewed
2.5.4 Service User Outcome 4 (NHS D2,4, PHD 4) – Seamless experience with other services

Demonstrated by service outcomes

- A stepped pathway with appropriate interface and partnership working with primary care, health visiting, school nursing, Local Authority services and Voluntary / Community services.
- Increasing integrated delivery to ensure everybody has a shared vision of improving Mental / Emotional Health and wellbeing.
- Shared goals with other agencies – Think Family, Team around the family, key working, and universal health services.
- Engage and attend as appropriate in Education, Health and Care Assessment Plan and Early Help meetings.
- Ensure good joint working and flexible transition through 16 - 18 Transition pathway and developed protocols.

2.5.5 Service User Outcome 5 (NHS D2, 3, 4, 5) – Reduce inpatient admissions and length of stay.

Demonstrated through service outcomes

- Service develops based on Crisis Outreach South Gloucestershire and Bristol Partnership Pilot to provide intensive service for those with crisis and complex engagement needs within resources available.
- 24 hour flexible crisis service includes eating disorders, section 136 mental health assessment and working in partnership with Adult mental health providers and providing out of hours psychiatric assessment in partnership with tier 4 provider.
- Develop pathways and memorandum of understanding with ambulance and police.
- Improved experience for child and family, staying at home and in local community.

2.6 Be Safe (Bristol) outcomes

The Bristol multi-agency Be Safe³ core service is funded separately through a pooled budget. This service is for Children and Young People with sexually harmful behaviour.

³ Current name of service
The of primary outcomes of the core service are:

- Children and Young People are safeguarded.
- Professional knowledge and understanding of safeguarding best practice is improved.
- Safeguarding services to children and young people are improved.

The outcomes for Children and Young People with sexually harmful behaviour are:

- To increase children and young people’s understanding of their sexually harmful behaviour, inviting a greater level of responsibility taking and support to develop alternative strategies to prevent a continuation of this behaviour, hence reducing recidivism and improving their life chances.
- To improve children and young people’s ability to cope with difficult situations in appropriate ways.
- To develop in children and young people positive relationship skills in relation to peers and adults.

The outcomes for Parents / Carers / Support Network are:

- Engagement in the assessment and/or intervention programme.
- Increased understanding of the factors that contribute to sexually harmful behaviour in children and young people.
- Increased awareness of the impact of sexually harmful behaviour on those who have been abused and significant others including themselves.
- Provide appropriate support for their child and young person to stop their concerning behaviour through support for participation in the assessment / intervention programme, and maintenance of the risk management plan.

The outcomes for Professionals working with Children and Young People who display Sexually Harmful Behaviour are:

- To increase professional knowledge in this area to ensure safer, better coordinated, multi-agency responses, in terms of assessment, intervention and risk management.
- To increase the capacity of professionals to respond to the needs of children / young people who engage in sexually problematic / harmful behaviour in an appropriate manner.

In addition to the core programme the Realising Ambition children’s programme will continue across Bristol and South Gloucestershire with the aims to eliminate / reduce problematic sexual behaviour (PSB) through addressing appropriate sexual behaviour, sexual behaviour rules, safe
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boundaries, keeping safe, sex education, apology and empathy and includes ways to improve:

- Child behaviour via better safety planning, parental monitoring, supervision.
- Parent-child interaction and communication.
- Personal resilience through developing coping, self-control, and social skills.
- Parent/carer understanding of PSB.

3. Scope

3.1 Aims and objectives

The Provider shall:

- Work with children and young people and parents / carers in co-designing and reviewing care pathways.
- Work with all relevant agencies to ensure that services for children and young people with mental health problems are coordinated and address their individual needs, providing a holistic approach.
- Ensure that children, young people and their parents / carers are treated with compassion, respect and dignity, without stigma or judgment.
- Ensure that children and young people’s physical health and social needs are considered alongside their mental health needs.
- Ensure that children and young people who access the service are seen in a timely manner.
- Provide a 24/7 crisis outreach response to all children and young people (including those with learning disabilities) who develop serious or life-threatening conditions including psychosis, suicidal behaviour, serious self-harm, eating disorders including those presenting at Emergency Department. This will include working with multi-agency colleagues and the voluntary sector as part of an integrated service. The service will include a range of staff undertaking interventions beyond assessment.
- The Tier 4 Provider (NHS E Commissioned) and the CAMHS Targeted/Specialist service provider (NHS BNSSG commissioned) provider(s) will jointly review, develop and deliver a cost effective out of hours psychiatric assessment service. This service will form part of the CAMHS Targeted/Specialist crisis outreach service. The resource available from each commissioner will be as at 2015/16. Any savings released as a result of a more cost effective model will be redirected towards the crisis outreach service as this will support the reduction of tier 4 admissions.
- The specialist CAMH service will access tier 4 beds according to the established national protocol which has requirements on both providers.
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- Provide a clinically led service with professional leadership arrangements in place. There will be a clear and accountable management structure.
- Protocols are in place between the Provider and the provider(s) of emergency or out-of-hours care including adult services that provide from age 16, should support or consultation be required urgently.
- Provide initial and follow-up assessments that are written and shared with the child, young person and / or parent / carer. Any technical terms in these assessments/ care plans should be defined.
- Seek and use feedback in a range of settings, including the use of routine outcome monitoring in therapy, positive feedback regarding service delivery, and complaints.
- Ensure that children, young people and their parents / carers are offered a choice of interventions appropriate to their needs.
- Ensure the impact of trauma, abuse or neglect in the lives of children and young people is properly considered when identifying and developing appropriate interventions.
- Ensure that any additional vulnerability or inequality suffered by children and young people (e.g. learning disability, victim of child sexual exploitation, homelessness) is properly considered when identifying appropriate interventions.
- Agree the aim and goal of interventions with the child / young person or parent / carer, monitor the changes to agreed and shared goals as well as symptoms and amend therapeutic interactions as a result of these changes, to deliver the best possible outcome.
- Provide information at all stages of the pathway about interventions or treatment options to enable children, young people and parents / carers to make informed decisions about their care appropriate to their competence and capacity; this information needs to be clear, easy to understand and jargon free.
- Provide written information to the child / young person and parent / carer about the care plan and how to access services (both routinely and in a crisis); this information needs to be clear, easy to understand and jargon free.
- Provide written assessments, care plans, etc. that are easy to understand and jargon free; any technical terms in these assessments / care plans should be defined.
- Provide information about how the services commissioned will increase opportunities for social value and social capital in line with the Social Value Act 2012.
- Ensure that children and young people leaving the service have an agreed and documented discharge plan that supports self-management where possible and explains how to access help if this becomes necessary. Where a young person is moving to another service, whether to adult
mental health services or to a different service, the Provider will ensure that the agreed transition protocol is followed. As a minimum this will involve: a joint meeting between the Provider and the new service that includes the child / young person and / or parent / carer, and a written discharge summary, followed up after 6 months to check that the transition has proceeded smoothly.

- Ensure that the service is accessible and provided in an appropriate setting that creates a safe physical environment. This will take into account issues such as stigma.

- Ensure that the service provides relevant Continuing Professional Development (CPD), appropriate supervision to support risk management delivering best outcomes. The service should provide regular appraisal to staff, and has a clear workforce plan that takes account of the changing mental health needs of the local population.

- Maintain an accurate data set and provide accurate and timely reporting to commissioners (local, regional and national) and national organisations (e.g. Health and Social Care Information Centre, CORC) when requested.

- Have clear reporting processes and standards, using ‘Delivering With and Delivering Well’⁴.

- Work collaboratively with other agencies in the health, social care system and voluntary sector to ensure regular case reviews to ensure effective progress through the care pathway.

- Participate as appropriate in the development and delivery of SEND Education, Health and Care plans.

- Ensure that the technology in place includes effective integrated embedded technology to support and underpin practice in a clinically meaningful way.

- Ensure that management information is readily accessible and regularly used for service improvement.

- Ensure that there is a formal route for referring children / young people to highly specialist mental health services (e.g. inpatient services, specialist outpatient services).

- Ensure that clear communication pathways and information sharing mechanisms are in place so that children, young people and, where appropriate, their parents / carers experience a smooth journey through the care pathway.

- Work together in a collaborative way with relevant agencies in health, social services and education to ensure that children and young people have appropriate advice and support throughout their care:
  - Including using locally agreed systems to support joint agency working (including in-reaching into Early Help, using Single Assessment).

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- Provide good quality assessment and follow up mental health intervention in a form that is accessible to young people who have presented at local hospitals with serious self-harm / suicidal ideation and urgent mental health concerns. This includes continuity or face to face handover of the professional undertaking the assessment and offer of up to 6 sessions of outreach follow up at the young person's choice of venue, and to include whoever the young person would like to have involved.

- Engage young people who have potential to continue to self-harm and to have mental health problems into adulthood, improving life chances and reducing future need for services.

- The service will work with other services including voluntary sector and local authority services to improve accurate identification of need and swift and flexible access to services to the services an individual needs through direct and indirect working flexibly across services.

- Address health inequalities, by providing a mental health service acceptable to vulnerable groups. Young people who are offered appointments at CAMHS bases are less likely to take these up if they are from low income groups, which disproportionately affects young people from Black Minority Ethnic (BME) groups, disabled young people, and those with little family support. Offering follow up in community settings, commissioning and working with voluntary community sector organisations delivering in an integrated way will help facilitate take up of services for disadvantaged young people.

- Vulnerable groups will be targeted with the aim of equity of outcome through flexible, intense, strength based joint working.

A vulnerable young people’s service will be developed that provides the following functions.

The level of service will reflect the level of investment by LA area.

3.1.1 Substance Misuse (see Appendix A for specification)

The Provider will ensure Bristol children and young people who have mental health difficulties and substance misuse problems receive direct access to a

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\(^5\) This excludes information regarding safeguarding issues when consent need not be sought
specialist mental health team and block provision to South Gloucestershire.

North Somerset Substance Misuse is commissioned by North Somerset Council and outside the scope of this specification. Children and young people accessing this service will also be provided with CAMHS if required.

### 3.1.2 Specialist CAMHS Service for Looked After Children

The Provider will ensure that the following additional services are in place for children looked after by the Local Authority.

These services are area specific and are accessed on the basis of the local authority which has parental responsibility for the child or young person.

**Children Looked After by Bristol City Council**

There will be joint systems and integrated working with Bristol Children Looked After Nurses.

In Bristol this is a specialist mental health service currently called Thinking Allowed (TA). Thinking Allowed service is provided to children and young people in the care of Bristol City Council, including children placed for adoption, wherever they are placed, their carers, social workers, and the wider systems. The service is also provided to adopted children who live in Bristol when referred by BASS (if a child was placed for adoption in Bristol by another authority, services should be recharged to that authority for 3 years post the adoption order).

The primary role of the service is to work to support the systems around the child or young person in care. Referrals for direct work will be redirected by Thinking Allowed to mainstream CAMHS as appropriate. Direct therapeutic interventions by Thinking Allowed will be offered only to those children and young people who meet the criteria for mainstream CAMHS but where accessing a CAMHS Team is not possible or appropriate.

TA to act as a single point of entry for CAMHS referrals of children in the care of Bristol City Council, including those placed for adoption and adopted children living in Bristol. TA will, as appropriate, direct referrals to NHS locality providers, discuss with commissioners prior to referral to local voluntary sector organisations, private providers and out of authority CAMHS resources (when the child or young person is placed outside of Bristol and surrounding counties). Referral to CAMHS to be made at the fortnightly meeting of Triage Worker, TA, CAMHS and relevant representatives/ other agencies as appropriate.

TA will receive a notification from Bristol City Council for any looked after child with an SDQ score of 17 and over. If the child has not already been referred, TA will contact Children and Young People’s Services to request that a referral is made. If this is not followed up by the child's social worker TA will inform BCS manager who will follow this up.
TA to undertake assessments of children and families in the adoption process, including children placed for adoption and adopted children, where appropriate, as requested up to 20.

TA to provide advice to the Joint Agency Panel on mental health needs of children as requested by Service Manager: Health Partnership. To provide reports for JAP as requested by CYPS colleagues.

The service will provide consultation into Serious Case Reviews, Root Cause Analysis reviews and similar local processes, including acting as a professional witness, where appropriate. This specification does not include the provision of Expert Witness Reports.

TA to record and track all formal referrals to include:
- Parental address, name, age, ethnicity, placement address, sex, date referred, referral outcome (i.e. referral accepted, to whom referral made – TA, CAMHS, Independent or voluntary sector, date of referral on).

TA to work to provide mental health assessment and/or therapy services according to need and in line with evidence based practice.

To provide consultation to the carers of these children and young people in the care of Bristol and adopted within Bristol. To provide consultation quarterly to each Bristol children’s home and children in care social care teams.

To agree the therapy, outcomes and monitor these related to voluntary or independent sector contracted work within system developed by Children’s Continuing Health Care Nurse Manager.

To consult to social workers to assist the provision of care to children to make this as therapeutic as possible and on what preliminary work needs to be completed to prepare the child or young person for additional therapeutic intervention, where that is the most appropriate action.

To assist social care in using what is known about the effects on children’s lives of their experiences to inform practice and contribute to planning and decision making in respect of children in care, to enable improved life outcomes in line with, NICE\textsuperscript{6} & SCIE\textsuperscript{7} Guidance.

To implement health providers responsibilities re NICE / SCIE guidance and statutory guidance on Promoting the Health and Well-being of Looked After Children.

\textbf{Children Looked After by South Gloucestershire Council}

\textsuperscript{6} NICE – National Institute of Health and Care Excellence
\textsuperscript{7} SCIE – Social Care Institute of Excellence
There is primary mental health professional provision for Children Looked After by South Gloucestershire Council. The Provider will ensure that pathways are in place for referral from the Looked After Children Nursing team into mainstream CAMHS Services.

Children Looked After by North Somerset Council

CONSULT is a jointly commissioned multi-agency service composed of social work, psychology and family support workers offering consultation, advice and support to foster carers and the systems that support children in care. Their focus is on specific behaviours that reflect ongoing attachment difficulties. The health component of this service is in scope. Children Looked After are prioritised by CAMHS and provides an allocated specialist CAMHS worker for keeping an overview of all the children in care in their area, including those placed with foster carers outside of North Somerset.

Each CAMHS team in North Somerset has an allocated specialist CAMHS worker for keeping an overview of all the children in care in their area, including those placed with foster carers outside of North Somerset.

3.1.3 Specialist CAMHS service for Youth Offending Team / Service

The service will develop across Bristol and South Gloucestershire to provide additional support to young people through access to forensic psychiatric consultation.

Bristol Youth Offending Team (YOT)

There will be joint systems and integrated working with YOT Health Nurse.

The aims of the Bristol Youth Offending Team are:

- To promote and improve the mental and emotional health of YOT service users, primarily young people subject to supervision by the YOT.
- To supervise the assessment of care needs and the development, implementation and evaluation of appropriate packages of care.
- To provide information and advice to parents / carers of young offenders to improve their understanding of and ability to manage a young person’s health needs.
- To ensure that YOT service users have access to CAMHS services with an enhanced level of provision.
- To undertake preventative work and promote good mental health for YOT service users.

The service will:

- Provide a CAMHS assessment in relation to both acute and non-acute
cases where needs are identified by YOT Health Team or other YOT staff.

- Provide appropriate therapeutic interventions and where appropriate refer on to mainstream or specialist CAMHs services.
- Provide training and consultation for YOT staff on identification of mental health needs.
- Produce six monthly reports on the mental health needs of young people engaged with the YOT in order to contribute to mapping of health needs.
- Ensure that all young people with ongoing mental health needs have a transition plan into adult services.
- Liaise with young people in the secure estate where appropriate.
- Provide access to forensic psychiatric consultation on a sessional basis.
- The service will form an integral part of the YOT team and will:
  - Participate in office duty rotas as agreed with the YOT manager.
  - Participate in YOT meetings, training, events and conferences as appropriate.
  - Ensure that the CAMHS nurse has access to psychology supervision minimum of one session.
  - Ensure access to forensic psychiatry assessment either in house or in arrangement with an external Provider.

The South Gloucestershire Youth Offending Service (YOS)

Working within the YOS legal framework, the role of the CAMHS Primary Mental Health Professional (Adolescence) is primarily to provide direct support to young people and families involved with the YOS who are assessed as experiencing mental and emotional health problems but are assessed as being below the CAMHS threshold for service; and to act as an interface between Specialist / Core CAMHS and the Youth Offending Services, with cases who maybe experiencing problems within the CAMHS threshold with the aims of:

- Contributing to multi-agency assessment and interventions for young people involved with the YOS.
- Direct work with young people and their families experiencing mental and emotional health problems but which are assessed as being below the CAMHS threshold for service.
- Acting as the link between YOS and CAMHS for the transfer of cases involving young people who are experiencing acute and non-acute mental health problems which are assessed as meeting the CAMHS threshold for service.
- Supporting and strengthening existing YOS provision through building capacity and capability within the YOS staff in relation to early identification and intervention with young people’s mental health need.
• Providing training, consultation, liaison, advice and other support to YOS staff working with young people, their families and parents / carers involved with the YOS.

• Promoting the emotional health of young people involved with the YOS.

• Working across Agency boundaries to develop a co-ordinated response to children’s mental health issues.

• Enhancing accessibility and equity for children and families, especially those who would not ordinarily have the opportunity to seek help from statutory and non-statutory agencies e.g. BME communities, asylum seekers / refugees, homeless young people.

• Improving links between specialist CAMHS and YOS, facilitating knowledge, understanding and appropriate access.

• Contributing to the development of a multi-agency team approach aiming to reduce the likelihood of mental health problems occurring in vulnerable groups of young people.

The North Somerset Youth Offending Team (YOT)

There is a specialist mental health nurse (not in scope) based in the Youth Offending Service employed by North Somerset Council who has a close working relationship with CAMHS and the children in care service. CAMHS to provide supervision for this post.

3.1.4 Troubled Families Family Intervention Team (FIT) role in Bristol and South Gloucestershire

Consultation, training and direct work – see Primary Mental Health Professional.

3.1.5 Be Safe Bristol

Be Safe will provide a coherent multi-agency and multi-disciplinary holistic assessment and intervention, if required, service for children and young people who have displayed harmful sexual behaviours.

Be Safe will provide an advice and consultation service for professionals working with children and young people who display harmful sexual behaviours.

Be Safe may provide training but this is likely to incur a charge.

Be Safe has as an objective to intervene in situations where children and young people display harmful sexual behaviours, to stop those behaviours, preventing further sexual abuse, and reduce the risk posed by these behaviours to the person themselves and others.
This will be achieved through providing an opportunity for children, young people and their families to make positive choices, and promoting safer professional practice, therefore contributing towards the development of a safer community.

The service is located within child welfare, child protection, criminal justice and legal frameworks, and part of an integrated multi-agency approach.

This primary outcomes of this service listed in 2.6 will be achieved with the following aims:

- To protect current and potential victims from sexual abuse.
- To assist children and young people who have displayed harmful sexual behaviours to stop their harmful behaviour through providing assessment and therapeutic intervention services that give them an opportunity to make informed choices that will contribute towards improving their life chances.
- To support their parents / carers / family members to understand this behaviour and contribute to keeping the child or young person and others safe from harm.
- To offer support to practitioners working with these children and young people through offering advice, consultation and training services.
- To ensure an improved and more coherent multi-agency response that matches the need of the child or young person in line with the assessed risk they present.
- To increase public and professional awareness of the impact of sexual abuse by children and young people.

To provide ongoing evaluation and research as to the effectiveness of the service and level of need so to contribute to the development of effective and safe practice and the growing evidence base in this area of work.

### 3.2 Legal and Regulatory Framework

The service will operate according to relevant legislation and guidance, with particular reference to:

- **Mental Health Act 1983 (amended 2007)** and Code of Practice (15/1/15), including protocols for emergency assessment under Section 136
- **Mental Capacity Act 2005**
- **Children's and Families Act 2014** including specific duties in relation to children and young people with SEND. Further detail can be found at [here](#)
- **Equality Act 2010**
- **National Service Framework, 2004**
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- Care Act 2014
- The Human Medicines Regulations 2012
- Public Services (Social Value) Act 2012
- Safeguarding procedures (Working Together to Safeguard Children 2013)
- The findings from serious case reviews in particular the requirements to share information in a timely manner. See Working Together to Safeguard Children for further guidance
- Promoting the health of looked after children
- NHS Choice of Provider initiative

The Provider will be:

- Registered with the Care Quality Commission.
- Ensure that all professionals will remain compliant with their relevant professional standards and bodies and be revalidated as required.
- Have an indemnity scheme.
- Have robust clinical and corporate governance systems to manage and learn from complaints and incidents and to meet the training and supervision needs of its staff.

3.3 Service description / Care pathway

3.3.1 CAMHS

For all children and young people who meet the criteria for targeted or specialist services CAMHS the following principles will apply:

Providers will:

- Ensure services are available to all children and young people without regard to disability, gender, sexuality, religion, ethnicity, social, or cultural determinants. However, where it is deemed clinically appropriate, alternative services may be established that meet the specific needs of one or more groups within a community. Such services will enhance rather than detract from the existing provision.
- Where the consequences of not immediately meeting clinical need are assessed to be similar, services will prioritise children and young people who are likely to have the poorest long term life outcomes. Breakdown of their school, home or care situation has the highest priority.
- Offer children, young people and parents / carers age and format-appropriate information about their condition and care.
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- Ensure that services have age-appropriate physical settings.
- Include discussion of use of social media within assessment and explore constructive use of social media during therapy.
- Ensure that the rationale for diagnosis, evidence considered and decisions made will be fully documented. This will be shared with the child / young person and parent / carer in writing as appropriate.

Ensure that initial and continuous care planning involves all members of the team providing care, the child / young person and their parents / carers.

- Develop a risk management plan, if required, in collaboration with the child / young person and their parents / carers. When appropriate develop shared risk management plans in addition with key agencies involved in holding the risk, in particular the voluntary sector and social care.
- Ensure that informed consent issues around both sharing of information within the family and with other agencies and around treatment are clearly explained and documented.
- Provide care / interventions that will prevent unnecessary admission to an inpatient bed and promote safe discharge and recovery.
- Ensure that all service developments and / or redesigns are undertaken using co-production.
- Ensure any cross-charging arrangements for cross-boundary children / young people are included.
- Ensure that legal rights for patients with regard to choice of mental health Provider are implemented. See www.england.nhs.uk/ourwork/qual-clin-lead/pe/bp/guidance/ for guidance.
- Contribute to other parts of agreed multi-agency care pathways.
- Relationships will be built with Local Authority and Voluntary Community services for children and young people to enable increasing integration of delivery, key working models and a team flexible approach across organisations. This will include working with adult services regarding vulnerable 16/17 olds and having a presence in settings such as organisations providing supported accommodation to provide consultation and sign posting.
- In Bristol there will be dedicated capacity Primary Mental Health Professional (PMHP) in each area working within the remodelled social work teams facilitating easy access to clinical and therapeutic support to families including working with the wider PMHP. In South Gloucestershire there will be PMHP roles embedded in the FYPS North and South teams.
- Primary Mental Health Professionals will engage in Early Help meetings and ‘Team Around the Family’ meetings in Bristol and South Gloucestershire. Primary Mental Health Professionals offer support and consultation to universal, targeted and specialist services including training
and co working opportunities. Their focus is also on prevention and early intervention. They will provide brief interventions.

- The service will support schools regarding mental health issues associated with (certain) SEND conditions, and how they may present differently, particularly as they try to come to terms with their conditions

- Delivery of psychological interventions and family based therapeutic approaches to primary and secondary school aged children who present with complexity

- Provide a balanced approach to ensure that following initial multi-agency triage a full initial assessment which includes a comprehensive psychosocial assessment, for example, using the Choice and Partnership Approach (CAPA) or similar demand management tool to be agreed with commissioners, service user concerns of seeing a different clinician often for the second appointment so telling their story twice and too in depth at first appointment.

3.3.2 Be Safe Service (Bristol)

The Be Safe service will be for children and young people from Bristol, up to their eighteenth birthday who sexually harm other children and young people and who are considered to be medium to high risk but are assessed as being able to be maintained safely in the community.

**Service Outline**

Be Safe will provide an evidenced based assessment of a child or young person referred to the service. The assessment will place the child within the current context of their lives and provide a clear and coherent understanding of the risks presented by the child’s / young person’s behaviours and consider how to manage the behaviour.

Be Safe will provide an appropriate evidence-based therapeutic intervention programme, based on assessed need for children and young people referred to the service. This may be individual, family or group based dependent on assessed need, but will take place within an agreed multi-agency plan.

Families / carers will be supported, through appropriate services to help them understand their child’s behaviours and support the management of such behaviours, and work towards healing and rebuilding relationships where assessed appropriate.

Be Safe will provide advice, consultation, and training to relevant professionals concerning children and young people up to their eighteenth birthday where harmful sexual behaviour is of concern.

The therapeutic intervention programme that is offered will be informed by a comprehensive assessment, taking into account the nature of the assessed
risk, nature of concerns, the child / young person’s age, their needs and capabilities.

All children, young people, parents / carers and referrers will be expected to sign a therapeutic intervention programme agreement, which will address expectations, responsibilities, and confidentiality.

The young person’s progress on the programme will be reviewed highlighting positive progress and areas for development which will contribute to the next intervention plan ensuring ongoing monitoring and accountability.

### 3.3.3 BNSSG Community Children’s Health Services Care Pathway

This pathway is shared with all commissioned community children’s health services. The model requires a collaborative model between CAMHS with the commissioned counselling service.

- Supporting self-care, information and signposting.
- Building capacity in universal services including children centres, schools and primary care through training and consultation.
- Providing consultation and advice to other targeted services.
- There will be joint integrated working with Bristol/ South Gloucestershire sub-contracted early intervention/ counselling service and North Somerset separately commissioned service, to enable open access, self-referral to CAMHS and joint working for those who fail to engage with CAMHS.
- It is underpinned by good communication.
- Single Point of Entry in each Local Authority area – to targeted and specialist services with pre-referral telephone / email advice / liaison.
- First Assessment in each Local Authority area – sharing multi-agency information with Early Help as appropriate.
- To consider:
  - Video virtual tour pre first appointment
  - Helpline whilst waiting for appointment via SPA
  - Multi-media prevention package will be available whilst on waiting list
  - Call or email contact whilst waiting for first appointment.
- Specialist assessment and treatment – with online / e helpline support, training for users, patient focussed
- Transition into adult services / moving on – communication and seamless support

Single Point of Entry (SPE) and First Assessment will be informed by the Bristol pilot of referral pathway into CAMHS through First Response.
3.4 Acceptance criteria

The service has clear acceptance criteria that are available to referrers, children / young people, their parents / carers and other agencies / services. This will be agreed with commissioners.

The aim of Specialist and Targeted CAMHS is to provide support to colleagues working in universal and other targeted services with children and young people, assessment and treatment in the context of emotional, developmental, environmental and social factors to children / young people experiencing mental health problems.

3.4.1 Targeted CAMHS (Bristol and South Gloucestershire)

Mild to moderate emotional wellbeing and mental health problems of infants/children / young people alongside their parents / carers either in clinics and / or community settings such as GP practices, early year settings, schools or, where appropriate, the home environment.

The service will network with a range of services and other agencies as appropriate, including community paediatric providers.

The model will be support, consultation and training to a range of front line staff to increase knowledge, skills and confidence. It will also provide brief intervention reflecting LA area requirements as below.

The level of integration and co-location with LA services will be agreed with commissioners.

The level of Targeted service will reflect investment.

The Provider will be able to trade with schools.

This contract may expand to accommodate increased block investment in Primary Mental Health Professionals (PMHP) through local authorities or schools.

South Gloucestershire

LA funded Primary Mental Health Professionals (PMHP) posts\(^8\) –

- Troubled Families worker 0.8 FTE. This is a 2 year fixed term arrangement which is due to end during 2017/18 unless extended).
- 1.0FTE to support Children in Care

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\(^8\) Number to be confirmed – LA funding to be confirmed
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- 0.6FTE to support Children attending the Autism Spectrum Disorder (ASD) unit at Chipping Sodbury Secondary School;
  - Work with the social care teams and First Response to develop capacity and respond to referrals
  - Work in partnership with staff working across universal and targeted services
  - Offer input to adoption and fostering panels and other decision making forums when specialist PMH CAMHS advice is being sought

#### CCG funded PMHP posts

- Three for school age (two embedded in the Family and Young Person Support Teams (FYPS)).
- One infant PMHP.
- PMHP post in the YOS – part time.

#### Bristol

This will be funded through a pooled budget. Currently

#### LA funded:

- Primary Infant Mental Health Professional (PIMHP) for under 5s - 3.5 WTE.
- PMHP 5 -17 – 6 WTE.
- Troubled Families Posts x 3 (fixed term until Sept 2017 but this may be extended).
- Multi-therapeutic foster care posts.

#### CCG funded:

- 2 WTE PMHP (one of which is focussed on BESD / Pupil Referral Unit).
- BASE – Barnardo’s Against Sexual Exploitation - single nurse post.

#### Jointly funded:

- 3 WTE (to be confirmed) within social work teams across the three areas.
- Children in Care triage and specialist mental health service (Thinking Allowed).
- Jointly funded by YOT board 1 WTE YOT mental health nurse post.

#### North Somerset

Children Looked After (CLA) are prioritised by CAMHS but access the
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<table>
<thead>
<tr>
<th>mainstream service.</th>
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<tbody>
<tr>
<td>The Youth Offending Service (YOT) has a specialist Mental health nurse funded by North Somerset Council and not in scope.</td>
</tr>
<tr>
<td>A proportion of current specialist CAMHS resource will be redesignated to targeted service.</td>
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**3.4.2 Specialist CAMHS**

Most young people will present with moderate and severe mental health problems that are causing significant impairments in their day-to-day lives. These may be acute presentations.

There should be a pathway for challenging behaviour of mild to moderate severity in place.

This service will provide for children and young people who will typically present with one or more of the following:

- Emotional and behavioural disorders (moderate to severe).
- Conduct disorder and oppositional defiant disorder.
- Hyperkinetic disorders.
- Psychosis.
- Obsessive-compulsive disorder.
- Eating disorders.
- Self-harm.
- Suicidal ideation.
- Dual diagnosis – including comorbid drug and alcohol use.
- Neuropsychiatric conditions.
- Attachment disorders.
- Post-traumatic stress disorders.
- Development disorders including ASC at a lower threshold than general due to the severity of the impact of the co-morbidity.
- Significant mental health problems where there is comorbidity with mild / moderate learning disabilities or comorbid physical and mental health problems.
- Mood disorders.
- Somatising disorders.
- Presentations that could be described as emerging personality disorder.
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- Gender identity problems.
- Victims of sexual abuse with therapeutic needs.

**The Provider will:**

- Accept referrals for infants, children and young people aged up to 18 years where there is a reasonable description that suggests that the child / young person may have an emotional wellbeing or mental health problem and the child is registered with a GP in Bristol, South Gloucestershire or North Somerset.
- Deliver flexibly for 16 - 18 according to the agreed CAMHS / AMHS transition pathway.
- Work in an integrated way with 16 - 25 RecoveryNavigators in Bristol for 16 to 18 year olds.
- Work in an integrated way with Early Intervention Psychosis Services for under 18 year olds, through agreed protocols clinically leading on those under 16 and for those under 18 for North Somerset.
- The needs of relevant young people beyond 18 and up to the age of 25 (in accordance with the Children and Families Act 2014) will be met through services commissioned for adult mental health.
- Accept referrals from schools, health professionals and self-referral, via a single point of access which will be developed with each local authority.
- In cases where referrals are found to be inappropriate, with consent, refer or signpost the child / young person and their family / carers to other services through the single point of access.
- Provide locally available, age- and developmentally appropriate, co-produced information for children / young people, parents / carers and referrers about the services provided and how they are accessed.
- Support and ensure inter-agency working.
- Support and ensure discharge or transition planning.
- If the service concludes that the needs of child / young people or parents are better met by other agencies and not covered within this specification. It will facilitate access to those services.
- Ensure that the referrer is clear as to whether the service has accepted the referral and, if not, in line with agreed information-sharing protocols, provide the rationale for this and written suggestions to what the services will do: for example, whether the service will refer on or signpost or expect the referrer to do so.
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- The Provider will provide a referral and advice line with appropriate knowledge and skills within each area’s First Response / First Point / NS Single point of access so that those thinking about referring can have a discussion prior to the referral.

- Gather the agreed range of information at the point of referral noting information sharing protocols

- Young people who have self-harmed or have an urgent mental health need up to their 18th birthday presenting at the Weston Hospital, Bristol Royal Infirmary, Southmead Hospital and Bristol Children’s Hospital will be assessed and offered a service from the crisis outreach service.

3.4.3 Be Safe (Bristol)

Referrals will be accepted from:

- Bristol City Council People Directorate Children’s Social Care staff, CAMHS staff.
- YOT staff - where there is no court order in place for YOT to work with the young person regarding sexually offending behaviour or where the young person is on a referral order and it is considered appropriate to offer joint work.
- The Police.

Professionals can make referrals for an assessment. However, the decision to provide an assessment and / or therapeutic intervention programme lies with the Be Safe Service and will be based on the assessment outcome.

Be Safe may choose to consult with other key agencies or professionals prior to accepting a referral e.g. Clinical Lead, CAMHS, Police, Young Persons Drug Treatment Service.

A multi-agency Child Protection Strategy meeting / Child Protection Conference / Child in Need Planning meeting or Child in Care Planning meeting must also have taken place which has included referral to the service as part of its’ action plan.

The service referral form would then need to be completed and forwarded with records of Child Protection discussions / Strategy / Care Planning meetings / Child Protection Conferences, relevant background material including details of incidents of concern, a chronology, statements from the child or young person who has been abused where appropriate, and risk management / safety plan.

All referrers will be notified in writing within 10 working days of whether a referral is accepted or not, with a recommended course of action.
In most cases if the child / young person is accepted for assessment and therapeutic intervention they must have an allocated People Directorate Children’s Social Worker. Exceptions to this would need to be discussed with the Be Safe Manager / Lead Clinician.

If a child or young person is convicted of a sexual offence and / or other serious offences the primary service is the Bristol Youth Offending Team. Exceptions to this can only be made in discussion with these services particularly with regards to young people on referral orders. In this instance joint work may be undertaken.

Before a referral will be accepted the concerning behaviour must have been properly investigated by the appropriate People Directorate Children’s Social Work Team and / or Police and the investigation concluded, and where applicable a prosecution concluded. The primary service for young people convicted of an offence is the Youth Offending Team. Appropriate multi-agency meetings should have taken place, i.e. Strategy Meetings, Child Protection Conferences, Child Care Reviews / Planning Meetings, and / or Family Group Conferences.

For a referral to be accepted the child / young person has to have accepted / admitted their harmful sexual behaviour to some degree. Exceptions to this may be considered where there is a strong external mandate following an initial assessment.

The child / young person will be supported by a significant adult who is also willing to participate in the assessment and ongoing therapeutic intervention programme. In the first instance this would be the primary carer / parent. They will also need to have the ability to get to the service e.g. may need help with transport to get to appointments.

The child / young person would need to be considered to be in a safe environment to participate in the assessment and any subsequent intervention programme, although an assessment may be undertaken where this was not the case.

An ongoing therapeutic intervention programme currently cannot be offered to children / young people who are assessed to be high risk based on prior assessments and / or a comprehensive assessment undertaken by the programme unless there is significant evidence to indicate they are in a safe placement or where there is a serious mental health concern, significant forensic concerns, or alcohol or drug problem which may interfere with their ability to participate in the programme. In these circumstances an appropriate clinical opinion should be sought prior to making a referral to the programme. Consideration should be given as to whether any joint/concurrent work is appropriate.

Be Safe includes children and young people who:
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- Are in the care of Bristol Local Authority, but living outside of Bristol. They are eligible for the service as long as arrangements can be made for them to attend appointments in Bristol.
- Are living in Bristol but in the care of other local authorities. They will be offered a service only subject to capacity and the LA will be charged on a full cost recovery basis.

3.5 Exclusion criteria

Children and young people may not be eligible for the service provided on the basis of:

- Age over 18 years.
- Where a more clinically appropriate service has been commissioned from an alternative provider (e.g. Tier 4, Specialist mental health services for children and young people who are deaf).
- Children in court proceedings where intervention is not advised under Home Office guidelines.
- Court assessments, unless specifically contracted.

3.6 First Assessment

Referrals will be received via a single point of access which will be integrated with the local authority Bristol First Response / South Gloucestershire First Response / North Somerset Single Point of Access / Multi Agency Safeguarding Hub (MASH).

The outcome of the assessment should be recorded in the service user’s electronic record and be passed on to any other service involved in the care of the service user with the informed consent of the young person and / or parent / carer. Information sharing protocols will be developed with schools and other agencies including Social Care.

The Provider will:

- Triage and see children and young people:
  - Emergency / life threatening needs within 2 to 24 hours according to risk.
  - Urgent needs 1 week.
  - Routine initial assessment within 5 weeks with ambition of follow up treatment start within subsequent 7 weeks.
- Support referrer / family whilst waiting for appointment and between appointments.
- Ensure that the member of staff undertaking the initial assessment is
appropriately trained and experienced to undertake assessment, to identify strengths and difficulties including identification of mental health disorders, supported by formulation or diagnosis where appropriate.

- Work in collaboration with the child / young person and, where possible, the parents / carers on the decision to refer for further assessment and / or treatment or to discharge and / or signpost, based on the combined assessment of their needs and risk.

### 3.6.1 Be Safe (Bristol) Assessments

A multi-agency planning meeting will take place prior to commencement of an assessment. A decision on who should undertake the assessment and focus of the assessment (which should be indicated in the referral) will be discussed at this meeting.

A thorough assessment of the child / young person and their parents / carers, family members and wider network will include an assessment of risk. All reports will be discussed with the child (if age appropriate), young person and their parents / carers / support network whenever possible.

A multi-agency meeting involving the child (if age appropriate), young person, parents / carers / support network will be held to review the assessment report, its’ recommendations, and to formulate a plan, including whether a referral to the therapeutic intervention programme is appropriate.

All Be Safe staff will be trained in the use of Assessment Intervention Moving (AIM) and AIM 2 protocols and in some cases ERASOR (Estimate of Risk of Adolescent Sexual Offence Recidivism). These tools are not stand alone and need to be used as part of a comprehensive assessment and in some cases can be used for initial assessments but with caution.

Assessment reports are not intended to be used for criminal proceedings. The report is not intended to be used within family proceedings. However the Courts can request such a report. If this were to be the case the Be Safe manager, in consultation with their line manager and legal department, would consider the information on file and make representation to the Court should it be felt disclosure was not in the best interests of the child or young person.

### 3.7 Further Assessment and Treatment

The Provider will:

- Ensure that care plans (following the Care Programme Approach [CPA], where applicable) are in place for all people receiving support for mental health problems. These plans should be co-ordinated across agencies, teams and or disciplines, be clearly written, identify the key coordinator and be developed in collaboration with children / young people and parents / carers where possible. A copy should be given to the service user, parent /
Ensure that the care plan includes appropriate risk management and crisis planning.

Review the care plan with the service user and parent / carer (if appropriate), including the goals of treatment, and revise the care plan at agreed intervals. The dates for review should be set out in writing and depend on the nature of the problem – many problems should be reviewed every three months but others may require a less frequent review. Where a significant change has taken place, or when there is a change in the care management plan, review should be carried out as soon as is practical.

Select treatment options in consideration of:
- Age-appropriate best practice / evidence-based psychological intervention.
- Providing non-verbal specialist treatment approaches (in the form of art therapy) to work with those who struggle to access verbal therapy such as victims of sexual abuse, refugees and Children in care.
- Pharmacological and psychosocial interventions.
- Environmental and occupational / educational interventions or provision.
- The availability of a multimedia prevention package whilst on waiting list.
- Engagement, flexibility and choice.

Any planning for children and young people with special educational needs should take account of and be part of the child or young person’s statement / Education Health and Care plan.

### 3.8 Does Not Attend (DNA) / Re-engagement policy

When a service user does not attend, a risk assessment should be made and acted upon. A service should not close a case without informing the referrer that the service user has not attended. The service should make explicit re-engagement policies available to referrers, children / young people and parents / carers.

Teams will work assertively with children and families who have difficulty engaging with the service, and will explore creative means to ensure that interventions are offered in styles and settings which promote engagement with children / young people and their parent / carers.

### 3.9 Care transition protocols

The service will have protocols in place co-developed with service users, GPs and other services to ensure that transitions between services are robust and that, wherever possible, services work together with the service user and parents / carers to plan in advance for transition (this is especially critical in the transfer from CAMHS to adult mental health services and primary care or other services, e.g. voluntary / third sector). As a minimum, children / young
people leaving CAMHS will have:

- A written and agreed care plan detailing what service they will receive post-CAMHS.
- Ensure that young people’s physical needs are considered alongside their mental health needs.
- At least one face-to-face meeting with their CAMHS key worker and the key worker from the service to which they will move for further care.
- Follow up after the transition, within six months, to ensure appropriate interventions are in place.
- A written and agreed plan, if no further interventions or treatment are planned, so that the young person and, where appropriate, parents / carer knows what to do if they become unwell.
- A specific protocol for those going to primary care.
- A specific protocol / pathway for those accessing adult IAPT.
- Service Transition Protocols should ensure that:
  - Children and young people will have continuity of care
  - Any risks or safeguarding concerns are clearly considered and documented
  - Arrangements for transition planning take place.

Groups needing particularly robust transition processes include:

- Looked after children.
- Care leavers moving to independent living.
- Young homeless.
- Young people entering or leaving inpatient care.
- Young people entering or leaving prison.
- Young offenders.
- Children and young people with special educational needs and disabilities.
- Unaccompanied asylum-seeking minors.
- Children and young people with caring responsibilities.
- Those not in education, employment or training (NEET).

Provider will adhere to local transition protocols with adult mental health services and Section 136 suite Standard Operating Procedure

3.10 Staffing arrangements, recruitment and training, supervision / appraisal requirements
The Provider will:

- Ensure the workforce including frontline staff has the necessary compassion, values and behaviours to provide person-centred, integrated care and enhance the quality of experience through education, training and regular continuing personal and professional development (CPPD) to enable positive relationships and instils respect for children/young people and parents/carers.

- Anticipate the numbers and capabilities of the workforce needed currently and for the future, ensuring an appropriate skill mix in teams to provide skilled supervision, enabling career progression and staff retention.

- The workforce will be able to deliver a range of recommended evidence-based interventions with a delivery model that best focuses the capacity of the service to the demands of the population.

- Ongoing workforce development in evidence based interventions will be in place.

- Ensure the workforce is informed about other CAMHS providers, and has the knowledge and ability to communicate effectively with other relevant services.

- Ensure the workforce is educated to be responsive to changing service models, innovation and new technologies, with knowledge about effective practice and research that promotes adoption and dissemination of better quality service delivery.

- Ensure there are sufficient staff educated and trained with the required knowledge and skills within teams. The skill set required in the team may be subject to change according to changes in local needs.

- Ensure that there is compliance with the recommendations of the Francis Report (2013) and in particular the Code of Candour.

Monitor caseloads for staff to ensure safe and effective delivery of services.

3.11 Activity

The activity level within the NHS contract sets out the numbers of new cases and levels of activity funded by this contract.

3.12 Information Governance and Accountability

The Provider will comply with all relevant legislation and guidance to record information, in particular to comply with Data Protection acts, and comply with requirements to keep records for an appropriate period.

The Provider will develop information sharing protocols as appropriate with other agencies to enable integrated working.
### 3.13 Interdependence with other services/providers

#### 3.13.1

Providers should ensure they have excellent links with services regularly used by young people providing a joined up accessible service supporting shared outcomes including improving access to education and healthy behaviours.

- General Practice.
- Schools and academies FE colleges and other education providers.
- Children centres and early years settings (nurseries).
- Early Help providers.
- Health visitors.
- School health nurses.
- Other mental health services (adult, specialist, Tier 4 and forensic).
- Voluntary sector providers.
- Independent providers.
- Inpatient or other highly specialist services.
- Youth services.
- Homelessness and Youth Housing agencies.
- Safeguarding – children and adults (Local Safeguarding Children’s Board).
- Local authorities.
- Bristol Hospital Education Service/ South Gloucestershire Education Other Than at School Service (shared outcome of re-integration into school).
- Acute sector hospitals.
- Emergency departments.
- Community child health.
- Criminal justice system – including young offenders services.
- Addiction services.
- Job centres and careers advice.
- Local independent providers.

#### 3.13.2 Be Safe (Bristol) Interdependence with other services/providers

Be Safe will offer advice and consultation to all child care professionals working with children and young people within Bristol.

Be Safe will provide training for professionals working with children and young
people within Bristol subject to capacity and is likely to incur a charge.

In all cases a multi-agency risk management / safety plan must be in place which the child, young person and their parents / carers have agreed to work to. This will be made available to appropriate parties. The plan will include areas of strength, key areas of concern and specific safety agreements. This plan will be reviewed at agreed intervals with the appropriate parties.

Where appropriate young people may be monitored through the MAPPP (Multi-Agency Public Protection Panel) or other appropriate risk management panels.

Be Safe will attend Child Protection Conferences, and Strategy Meetings, Care Planning and Multi-Agency Public Protection Panels (MAPPP) meetings and other relevant meetings where appropriate.

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

National Institute for Health and Care Excellence (NICE) Quality Standards will be delivered relating to mental health and emotional wellbeing of children and young people including those where mental health is not the main focus such as autism, attention deficit hyperactivity disorder, interventions to reduce substance misuse among vulnerable young people, anti-social behaviour and conduct disorder.

4.1.1 Bristol Be Safe

Draft scope of new Public Health Guideline; Sexually Harmful behaviour: helping health, education, children’s services, youth services and the criminal justice system to identify when to take action to help young people who display this kind of behaviour. Short title; Sexually harmful behaviour: identifying and helping young people who display this type of behaviour.

4.2 Standards for children and young people’s and parents’ participation

All services must include their clients when designing and monitoring services. The list below is not exhaustive

- Health and Social Care Advisory Service (2008) Turning what young people say into what services do. Quality Standards for children and young people’s participation in CAMHS is based on the Hear by Right standards
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above and adapted specifically for CAMHS.

- "Delivering With and Delivering Well" was developed by young people, commissioners and providers to integrate the principles of the CYP IAPT programme into existing quality assurance and accreditation frameworks.

4.3 Applicable standards set out in guidance and / or issued by a competent body

- Right Here. How to provide youth-friendly mental health and wellbeing services, Mental Health Foundation and Paul Hamlyn Foundation.
- Key components of developmentally and age appropriate care to support transition for adolescents and young adults: Service Specification Proposal (2013).
- *Improving access to mental health services by 2020* NHS England and the Department of Health October 2014.
- A Call to Action: Achieving Parity of Esteem’ mental health will be viewed in an equal way to physical health.
- ‘Closing the gap: priorities for essential change in mental health’ DoH (Jan 2014) – support and care across 25 areas including:
  - Improving access including to psychological therapies,
  - Reducing waiting times,
  - Addressing inequalities in access and outcomes,
  - Responding during a crisis
  - Better managed transitions to adult services
- Quality Network for Community CAMHS Standards
- Youth Wellbeing Directory and ACE-V Quality Standards
- Child Outcome Research Consortium (CORC)
- Choice and Partnership Approach (CAPA)

4.3.1 Associated policy documents:

- No Health without Mental Health. Department of Health (2011)
- Talking Therapies, a 4-year plan. Department of Health (2011)
- Closing the Gap. Department of Health (2014)
- NHS and Social Care Act (2011)
- Children and Families Act (2014)
- Mandate to Health Education England

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9 CYP IAPT Values and Standards Subgroup - CYP IAPT National Service Development Group, CAMHS Press (2014)
Service Specification for Child and Adolescent Mental Health Services (CAMHS): Targeted and Specialist levels including specialist services for vulnerable groups January 2016

- Chief Medical Officer's Annual Report on State of Public Health (2014)
- Behaviour and Discipline in Schools, Department of Education (2014)
- Public Services (Social Value) Act 2012
- Achieving Better Access to Mental health Services by 2020
- Five Year Forward View
- Forward View into action: Planning for 2015 / 16 guidance

4.3.2 Bristol Be Safe

Home Office, Care Services Improvement Partnership, National Institute for Mental Health in England, and Department of Health publication: The needs and effective treatment of young people who sexual abuse: current evidence by Nathan Whittle, Sue Bailey and Zarina Kurtz, October 2006:

https://www.rcpsych.ac.uk/pdf/Needs%20and%20treatment%20of%20YP%20who%20sexually%20abuse.pdf

What we can learn about working with young people who display sexually harmful behaviour from work in a specialized residential treatment service:

http://www.rcpsych.ac.uk/pdf/Bentovim%20RCPSYCH2011ONE.pdf

Youth, Risk and Mental Health: Multiple Roads to Recovery – S11 Young People with Sexually Harmful Behaviour; Page 31:

http://www.rcpsych.ac.uk/pdf/EFCAP%20Congress%202014%20Abstract%20Book%2006.05.14.pdf

Children who sexually abuse and the emergence of severe personality disorder traits in childhood:

http://www.rcpsych.ac.uk/pdf/Vizard%20RCPSYCHS%20PRESENTATION%20FINAL%202020911.pdf


Criminal Justice Joint Inspection Report: Examining Multi-Agency Reponses to Children and Young People who Sexually Offend, February 2013

Hackett, Simon, Children and young people with harmful sexual behaviours, Research in Practice, 2014.
4.4 Applicable local standards

Provision of Young People Friendly Service – compliance at rate to be agreed with commissioners.

Provision of transition focused services.

5. Applicable Quality requirements and CQUIN goals

5.1 Applicable quality requirements (See National Contract Schedule 4 Parts A-D)

Quality will be regulated through local quality requirements to be developed further through competitive dialogue.

These should be reported by the end of the first working week following each quarter.

Quality requirements will function as a mechanism for driving continuous improvement in achievable and sustainable ways, and towards quality standards set out in Section 4, and according to Health and Social Care Outcomes Frameworks. Where possible, quality requirements will be aligned with specific measurable outcomes (see 5.3).

From CAMHS Transition specification:

Quality Standard 1
- The Provider has a documented transition to adulthood policy reviewed with adult mental health providers and key stakeholders.

Quality Standard 2
- The service routinely evaluates and improves the quality of their service through annual surveys and Young People Friendly assessments.

Quality Standard 3
- CAMHS and other services will work together to enable holistic integrated
person centred care planning and delivery.

Quality Standard 4
- All staff have received training on understanding the developmental needs and working in partnership with this age group.

Quality Standard 6
- A range of multimedia information and resources will be available to young people, parent carers and wider workforce.

5.2 Data recording

5.2.1 Data recording must include:

All services providing NHS funded CAMHS must be locally collecting and using CAMHS Minimum Dataset which has been approved by the Information Standards Board for Health and Social Care (ISB) as an information standard for the NHS in England.

5.2.2 Data recording should include:

- Agreed assessment measures.
- Whether the individual is currently being seen by any other local services, including in schools or academies.

Note that the CAMHS Minimum Dataset will include as a minimum\(^\)\(^{10}\)

- CYP IAPT dataset.
- Child Outcome Research Consortium (CORC+) dataset.
- CAMHS Currency (PbR) datasets.
- Collection of data re: cases declined.
- The service will collect and report on data for the crisis outreach including out of hours service. This will include the following:
  - Total number of call outs for the service analysed by day and time of call out.
  - Time between initial contact and psychiatrist assessment.
  - Numbers of children referred, diagnosed, in receipt of a service broken down by condition categories including eating disorders, self-harm, autism, complex.
- Completion of a Dashboard Race Equality (DREG) linked with inputs and outcomes.

\(^{10}\) This is currently being reviewed
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- PMHP / Troubled Families / BASE post - cases referred, caseload, exit route - referral to other agencies, no further action, consultation, number of direct work sessions, DNAs, number of training sessions with outcomes broken down by age or service area.

5.2.3 Data broken down by area, age and equality groups including children in care.

Self-Harm

Patient Information (PI) - Number of young people assessed.

- Number of young people receiving follow up sessions with the staff member who initially assessed them, at a mutually acceptable venue / time, with family member(s) / friend, as wished.
- Number of young people referred or signposted to specialist CAMHS or appropriate voluntary sector agency.
- Number of sessions of training for Emergency Department staff.
- Numbers of young people with repeated episodes of self-harm, by number of repeat episodes.
- Daily uploads into Bristol Alamac
  - Total number of urgent referrals to CAMHS from Emergency Department.
  - Total number of urgent referrals to CAMHS from ED with self-harm.
  - Total number of urgent referrals to CAMHS from GPs.
- Numbers of crisis and urgent referrals of children who have self-harmed – quarterly

5.3 Health and Social Care Outcomes Frameworks

The Department of Health and Social Care Outcome Frameworks are an interrelated architecture of indicators to guide the setting of quality requirements. These are mapped to suggested Key Performance Indicators (KPIs) in this guidance document.\textsuperscript{11}

5.4 Feedback and Outcomes Tools

Providers will use validated tools that best facilitate continuous quality improvement in their clinical practice to ensure quality requirements are meaningful both in tracking progress and for day-to-day clinical work and collaborative practice. This will be agreed through competitive dialogue.

The CYP IAPT Programme, CORC and the Evidence Based Practice Unit

\textsuperscript{11} CYP IAPT National Service Development Group - Commissioning Subgroup (2014)
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have brought together a set of validated tools for measuring outcomes of clinical treatment and gathering experiential information about treatment. These are described in the Guide to Using Outcomes and Feedback Tools with Children, Young People and Families

5.5 Applicable CQUIN goals (See Standard Contract Schedule 4 Part E)

Transition CQUIN

Recovery CQUIN

To be agreed with successful bidder

6. Location of Provider Premises

6.1 The Provider’s premises are located at:

A range of locations to respond flexibly to the needs and choices of children and families who, for reasons of access, culture or clinical presentation, have difficulty in engaging in clinic-based interventions. This will include seeing some children in their children centres, school, home, youth centre or other setting and some drop-in sessions in other services.

- In all areas Targeted mental health services will be co-located with local authority services where possible, in discussion with commissioners.
- In Bristol Specialist mental health services will be co-located with local authority services where possible.
- In North Somerset specialist CAMHS is provided from two bases (the Barn, Clevedon (co-located with LA) and Drove Road, Weston Super Mare, health only.
- In South Gloucestershire, Specialist mental health services will be based in, and provide clinical services within two children’s hubs in Patchway and Kingswood, and the Yate Westgate Centre.

7. Individual Service Users Placement

12 Local example for Rotherham, Doncaster and South Humber NHS Foundation Trust