Outstanding ☆

East London NHS Foundation Trust

Specialist community mental health services for children and young people

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RWKX9	Children's Services	Bedfordshire (North Bedford) CAMH Team	MK40 3JT
RWKX9	Children's Services	Bedfordshire (Dunstable) CAMH Team	LU6 3SD
RWKX9	Children's Services	Bedfordshire (Mid Bedfordshire) CAMH Team	MK40 3JJ
RWKX9	Children's Services	City and Hackney CAMHS	E9 6ED
RWKX9	Children's Services	Luton CAMHS	LU1 2PL
RWKX9	Children's Services	Newham CAMHS	E13 8AL
RWKX9	Children's Services	Tower Hamlet CAMHS	E1 5NF

Summary of findings

This report describes our judgement of the quality of care provided within this core service by East London NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by East London NHS Foundation Trust and these are brought together to inform our overall judgement of East London NHS Foundation Trust.

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Overall rating for the service	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Good ●
Are services caring?	Outstanding ☆
Are services responsive?	Outstanding ☆
Are services well-led?	Good ●

Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Health Act and Mental Capacity Act in our overall inspection of the core service.

We do not give a rating for Mental Health Act or Mental Capacity Act; however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Health Act and Mental Capacity Act can be found later in this report.

Summary of findings

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Overall summary

We gave an overall rating for the specialist community mental health services for children and young people of **outstanding** because:

- Staff treated young people and their families as partners in their care. They understood the importance of being kind and respectful. There was genuine empathy and understanding of individual needs and wishes, which was reflected in the work undertaken with young people and their families.
- Managers supported staff to deliver effective care and treatment. Staff adopted a multi-disciplinary and collaborative approach to care and treatment. There was strong leadership at both local team and service levels, which promoted a positive culture. There was a commitment to continual improvement across the services. Managers recognised the importance of consulting with staff in the development of services.
- There were clear processes in place to safeguard young people and staff knew about these. Incident reporting and shared learning from incidents was evident in all services. Teams considered the review of incidents to be an opportunity for learning. There was good evidence of learning and improvements following incidents both within ELFT and in other trusts. CAMHS teams used learning from national inquiries to make improvements. For example, Lord Laming's report on the Victoria Climbie. There were regular learning events in teams.
- Most young people, children and families could access services promptly. Where there were improvements to be made, CAMHS teams had used the quality improvement methodology and had adopted a systematic approach to bring about these improvements. There were robust systems in place in all teams to manage referrals and waiting lists. Staff worked to ensure that young people attended their appointments. The numbers of patients who did not attend were closely monitored.
- Staff were proactive in identifying trends amongst the young people they worked with and were working collaboration with other agencies to ensure that emerging needs were met. CAMHS staff were forward thinking in their approach and looked at how to improve accessibility for young people who might find it hard to engage. For example they were looking at developing a smartphone application . Staff were doing this in their own time.
- CAMHS teams were aware of the diverse needs of people using the services. Individual teams had undertaken work to ensure that diverse needs were met. For example, Tower Hamlets CAMHS had looked at the needs of the Bangladeshi community and their access to community services. They produced a report that identified that the young people were under-represented within the client group. City and Hackney CAMHS had identified that African Caribbean boys were at risk of becoming involved in gang related activity and were working with statutory partners and the voluntary sector to target these young people. Groupwork programmes were run in other languages, for example, Bengali.
- The importance of service user participation was a strong feature of the work undertaken by CAMHS. The participation worker in Luton and Bedfordshire had worked with a young person to write a training package about discrimination and confidentiality. There were specific pilots in other CAMHS teams for phobic children.
- Teams were conscious of the trends amongst the young people they worked with and endeavoured to respond to these in a timely manner. For example in Bedfordshire, a particular school had reported an increase in the number of young people who had self-harmed. The team had provided training to the school. The team was also running a pilot programme with a school to look at the issues relating to online bullying and with another school regarding child sexual exploitation as there had been an increase in these cases in the county. The team were also working with the National Society for the Prevention of Cruelty to Children to support these young people. There was strong working relationship between Bedfordshire CAMHS and the family nurse partnership (FNP). FNP provide a programme for vulnerable young first time mothers. The partnership between the team and FNP meant that staff were able to offer support to teenage mothers who may be experiencing postpartum depression or other mental health problem.

Summary of findings

However:

- Administrative staff in Luton and Bedfordshire CAMHS experienced low morale. They were going through changes in how their work was delivered.
- Not all staff had completed safeguarding children levels 2 and 3training although safeguarding practice was good and further training was planned.

Summary of findings

The five questions we ask about the service and what we found

Are services safe?

Good

We rated safe as **good** because:

- The teams were located in office environments that were safe for young people and their families when they came for appointments.
- Staff had a good understanding of safeguarding processes. Staff embedded these processes in all the work that was undertaken. CAMHS had strong relationships with the local safeguarding teams. CAMHS had clinicians working in the local authority to support young people who were looked after.
- Staff were knowledgeable regarding the range of risks that could impact negatively on a young person. Staff had undertaken additional training to recognise child sexual exploitation.
- There was good use of crisis planning. Staff supported young people to help them recognise and take appropriate steps when their mental health was deteriorating.
- All services monitored risks to patients.
- Staff were able to respond promptly to emergencies. They could offer urgent appointments to young people who required them.
- All teams re-assessed staff caseloads on a regular basis and made sure they could be safely managed.
- The completion rate for staff mandatory training was 81% for the London CAMHS teams and 82% for the Luton and Bedfordshire CAMHS teams.

However:

- Not all staff had completed breakaway training. The trust had identified this as essential training for staff who undertook home visits and further training was planned.
- There were no cleaning records for the toys.
- Some of the physical health monitoring equipment in the Luton and Bedfordshire CAMHS had not been calibrated in the last 12 months.
- Some staff in the Tower Hamlet CAMHS team were unclear about lone working protocols. This meant that they might not have been safe whilst off site, for example whilst undertaking home visits.
- The fridge used to store medicines at the Tower Hamlets CAMHS office was not a clinical fridge. It contained medicines that had expired.

Summary of findings

- Training completion rates for safeguarding children levels 2 and 3 were below 90% for the London teams and below 90% for the Luton and Bedfordshire team. Safeguarding knowledge was good and further training was planned.

Are services effective?

Good

We rated effective as **good** because:

- Staff carried out comprehensive assessments of patients' needs.
- Care records were up to date and comprehensive.
- Staff monitored care and treatment outcomes for patients.
- Multi-agency working was strong. Teams had good links with statutory organisations and the third sector.
- The CAMHS service was supporting young people moving from CAMHS into adult mental health services.
- Staff had access to specialist training.
- Staff participated in clinical audits, which led to service improvements.
- The services offered a broad range of psychological therapies including those recommended by NICE. For example, they provided cognitive behavioural therapy, family therapy and psychotherapy and acceptance and commitment therapy.

Are services caring?

Outstanding

We rated caring as **outstanding** because:

- Staff were very caring and understood the needs of the young people and their families. There was a client-centred approach with young people and parents able to voice their opinions. Staff explained both the illness and treatment in a way that was age appropriate and could be understood by the young person .
- Teams provided good support for looked after children who were placed out of borough.
- Reports from patients and families were very positive about the service.
- There was excellent service user participation. Staff held regular participation meetings with young people. Young people provided contributions to magazines and videos about their treatment in CAMHS. Young people using the Bedfordshire service had been nominated by CAMHS staff for an award for the work they had undertaken to reduce the stigma attached to mental illness.

Summary of findings

- Clinicians were committed to ensuring that young people overcame their difficulties and provided care in creative, person-centred ways. For example, clinicians provided sessions in schools for young people who were experiencing class room anxieties.
- Staff encouraged and supported young people to become involved in the recruitment of new staff. This included providing young people with training around the recruitment process, how write a job description and the short listing process.

Are services responsive to people's needs?

Outstanding 

We rated responsive as **outstanding** because:

- Teams worked in collaboration with young people and their families. Services used feedback from young people and their families to improve the service.
- Services worked in collaboration with other organisations, for example Tower Hamlets CAMHS were part of an improving access to psychological therapies initiative with partners working in the community
- There were clear criteria in respect of who could access the service.
- Services had specified time frames to assess and offer treatment to young people. The majority of teams were meeting their targets. CAMHS services had processes in place to ensure that young people in priority need were identified and offered an appointment as quickly as possible. Staff could see emergency or urgent cases on the same day if necessary.
- Luton and Bedfordshire CAMHS made it a priority that they supported young people in crisis out of hours. The trust was setting up a seven day a week crisis team who would work until 8pm. This meant that young people who attended A&E in crisis could be seen by a specialist CAMHS worker every day including weekends.
- Teams had a robust system to re-engage young people who missed appointments.
- Luton CAMHS were responding to the needs of young people who presented to accident and emergency departments and were recruiting crisis workers who would work seven days a week.
- CAMHS had two workers employed as part of a year long project to look at the mental health needs of young people who suffered from phobias or who were looked after by the local authority.
- All the CAMHS premises were child and young people friendly. The services displayed information about local services. Given

Summary of findings

the wide age range of young people accessing the service some teams had separate leaflet racks for older children. The service in Tower Hamlets had given a lot of thought to the diversity of the young people and had ethnically diverse toys available.

However:

- The reception area in the Bedfordshire CAMHS service was small and cramped. The main administrative office in Tower Hamlets had very little natural light and was not particularly comfortable for staff.

Are services well-led?

Good

We rated well-led as **good** because:

- Teams were supportive of each other modelled the trusts' visions and values. Senior managers were highly visible.
- All managers felt they had sufficient authority to undertake the tasks required to manage the service. One manager was newly appointed and was clear about the role they were required to undertake and the processes in place to support them.
- Teams had key performance indicators, which were monitored through regular meetings.
- The majority of staff had high levels of morale. Colleagues were complimentary of each other.
- CAMHS teams were involved in quality improvement projects.

However:

- Some black and minority ethnic (BME) staff felt that opportunities for career progression were limited. The trust had an action plan in place and diversity (which included supporting the BME workforce) was one of the four objectives in the staff survey action plan.
- There was low morale amongst the administration team in Luton and Bedfordshire as this team were undergoing a restructure.

Summary of findings

Information about the service

East London NHS Foundation Trust (ELFT) provides specialist community mental health services for children and young people (CAMHS) up to the age of 18 in the London boroughs of Hackney, Tower Hamlets, Newham and the City of London. They also provided specialist services for children and young people up to the age of 18 in Luton and Bedfordshire.

The trust divides CAMHS into Tier 2 and Tier 3 services. Some teams provide Tier 2 services for young people who might be experiencing emotional and behavioural difficulties that required prompt and early intervention to prevent the development of severe and enduring mental problems. Tier 3 services provide a specialised service for children and young people with more severe, complex and persistent mental health problems. These services consist of multidisciplinary teams. Within the Tier 3 service, there are a number of sub-teams available. These include eating disorders teams, neuro-development teams, conduct disorder pathway teams, emotional and behavioural teams, adolescent mental health teams and targeted teams. The targeted teams varied in each area but included outreach and looked after children teams.

The remit of each service is slightly different depending upon local commissioning arrangements. City & Hackney, ELFT CAMHS is a Tier 3 service. Tower Hamlets, Newham and Luton, ELFT CAMHS are both Tier 2 and 3 services.

ELFT is commissioned in Bedfordshire to provide both Tier 2 and 3 CAMHS. ELFT directly provides a Tier 3 service. ELFT subcontracts Tier 2 services from several third sector organisations across the county.

Each service works in partnership with the local authority and third sector organisations. Both Tower Hamlets and Newham have CAMHS teams embedded within children's social care.

Some teams were split over multiple sites due to the geographical area covered. For example, the Bedfordshire CAMHS teams operated from three office bases.

Between January 2015 and December 2015, 7,759 young people had received a Tier 3 service from CAMHS.

These services had not been inspected before.

Our inspection team

The team that inspected this core service consisted of one CQC inspector, one assistant CQC inspector, seven specialist advisors who were two child psychologists, two nurses and two specialist nurses and a psychiatrist with experience of working in child and adolescent mental health services and two experts by experience. An expert by experience is someone who has used or cared for someone who has used mental health services.

Why we carried out this inspection

We inspected this core service as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Summary of findings

Before the inspection visit, we reviewed information that we held about these services, asked a range of other organisations for information and sought feedback from patients at two focus groups.

During the inspection visit, the inspection team:

- visited seven CAMHS office bases
- interviewed the clinical and service directors for CAMHS
- spoke with 23 young people and or their parents or carers, who shared their views and experiences of the services
- spoke with the managers or interim managers for each of the teams
- spoke with 47 other staff members; including doctors, nurses, therapists and social workers
- attended and observed 10 meetings, which included team meetings, triage meetings and academic learning meetings.
- attended and observed the Luton and Bedfordshire CAMHS clinical commissioning group meeting
- attended and observed two home visits
- looked at 31 treatment records of patients
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

We spoke with 23 young people and their families. They felt that the support they received from clinicians was appropriate and well organised. They felt that staff were caring, polite and interested in the well-being of young people. They said they were well informed about the care they received and could make their own choices. Teams gathered the views of young people and families using surveys and in focus groups. Feedback had been used to inform changes to the service. Young people and their parents and carers were complimentary about the work undertaken by the participation workers.

Good practice

- CAMHS services were participating in internal quality improvement projects. For example, Newham CAMHS 'front door' initiative was part of the quality improvement model. The 'front door' initiative had been set up to reduce waiting times for assessment and create a safer system. The 'front door' initiative had been in place since 2015 and there had been significant reductions in young people waiting for their first contact with CAMHS. This had improved attendance rates and young people being allocated the correct clinician at the earliest opportunity.
- CAMHS teams employed cultural consultants and bi-lingual workers to support them in providing services to young people who might have found it difficult to engage with the services.
- Young people were involved in re-designing the care plans and CAMHS micro website. Young people had been nominated for an award by the participation worker in Luton and Bedfordshire and had won third place in the Bedfordshire Young People of the Year Award 2015 competition. Young people contributed to magazines and videos about their treatment in CAMHS and were supported by the participation workers to do so. Young people were involved in the recruitment of new staff.
- Tower Hamlets CAMHS worked in collaboration with the adoption consortium and provided play therapy for looked after children who were moving to a permanent placement.
- All teams offered good support for young people who were looked after and placed out of borough.
- The Bedfordshire team had received training, which had given them a better understanding of female genital mutilation. There was strong working relationship between Bedfordshire CAMHS and the family nurse partnership (FNP). FNP provide a programme for vulnerable young first time mothers.

Summary of findings

Areas for improvement

Action the provider SHOULD take to improve

- The trust should ensure that staff are clear about the lone working protocols and ensure that staff undertaking home visits have breakaway training.
- The trust should ensure that staff keep records of when toys are cleaned.
- The trust should ensure that the physical health monitoring equipment in the Luton and Bedfordshire CAMHS is calibrated regularly.
- The trust should ensure that the fridge used to store medicines at the Tower Hamlets CAMHS office is fit for purpose and is regularly checked to ensure that the medicines stored in it are in date.
- The trust should ensure that BME staff are supported as part of their diversity action plan.
- The trust should ensure that the administrative staff receive ongoing support during the period of their roles being reviewed.
- The trust should ensure that staff complete training in safeguarding children levels 2 and 3

East London NHS Foundation Trust

Specialist community mental health services for children and young people

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Bedfordshire (North Bedford) CAMH Team	Children's Services
Bedfordshire (Dunstable) CAMH Team	Children's Services
Bedfordshire (Mid Bedfordshire) CAMH Team	Children's Services
City and Hackney CAMHS	Children's Services
Luton CAMHS	Children's Services
Newham CAMHS	Children's Services
Tower Hamlet CAMHS	Children's Services

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

Staff could access training on the Mental Health Act (MHA) and advice from the MHA administrators working for the trust.

There were no patients subject to the MHA receiving care or treatment from CAMHS.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

The majority of staff we spoke with demonstrated a good working knowledge of the application of capacity and consent for children.

The Mental Capacity Act does not apply to young people aged under 16. For children under the age of 16, staff applied the Gillick competency test. This recognised that some children might have a sufficient level of maturity to make some decisions for themselves.

Patients' records contained information that related to capacity and consent. The understanding of Gillick competency amongst the staff group was good. Staff described how to apply the guidance when a young person had decided they did not want their family to be involved. This meant that staff always sought consent for care and treatment young people and their families where appropriate.

Good

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Our findings

Safe and clean environment

- Each CAMHS service was located separately from adult services and access to these services was via intercom. This meant that staff could monitor who was coming into the service.
- The various CAMHS premises were located in buildings that were not always purpose built. Wherever possible the trust had taken steps to improve the environment so that it was more appropriate to the needs of young people and their parent carers. For example, City and Hackney CAMHS had interview rooms on the ground and first floor. The trust undertook an annual ligature risk assessment. As a result of this, the trust had removed ligature anchor points in interview rooms and toilets at City and Hackney CAMHS. There were some ligatures points remaining in other parts of the site and to mitigate this risk the staff escorted young people when they were in the building.
- There were alarms in the buildings to ensure that staff and those using the service were safe. Staff tested the alarms monthly at Newham CAMHS. In City and Hackney CAMHS, they were in the process of changing the alarm system to accommodate new staff that were moving into the building. The Bedfordshire CAMHS team operating from the Dunstable base had recently installed an alarm system.
- A number of services had children's toys in the waiting area and there were toys in family therapy rooms. Cleaning records for the toys were not available in the majority of services. In Newham CAMHS, the recent infection control audit had identified this as an issue and the team had ordered cleansing wipes and had asked clinicians to ensure they cleaned the toys after use. There was no documentary proof that this had taken place. In Luton and Bedfordshire CAMHS offices, the lack of cleaning schedules for the toys was brought to the attention of the managers. They cleaned the toys during the inspection and the staff put in processes to ensure that this would continue on a regular basis and be recorded.
- All the team bases had the necessary equipment to carry out basic physical health checks on young people. Staff had access to weighing scales, gender specific height charts and blood pressure monitoring equipment. Some of the physical health monitoring equipment, for example the weighing scales in the Luton and Bedfordshire CAMHS had not been calibrated in the last 12 months, which meant that the readings provided may not have been accurate.
- The Tower Hamlets had a fridge in which vaccines had been stored. The fridge was not suitable for this as it was not a clinical fridge and there was no assurance that vaccines or medicines would have been stored at the optimum temperature. Additionally the vaccines had expired in May 2016. This was brought to the attention of the managers of the service who stated that the vaccines would be disposed of and the fridge would no longer be used to store medicines or vaccines.

Safe staffing

- Over the last three years, all East London CAMHS has been reconfigured, in order to establish similar, although not identical, service structures and clinical leadership.
- The CAMHS teams in City and Hackney, Newham, Tower Hamlets, Luton and Bedfordshire had recently been restructured and some posts had been removed. The restructuring had taken place for a variety of reasons. These included changes in funding arrangements and the Luton and Bedfordshire teams embedding team structures, which mirrored those in London. The trust anticipated that this would ensure continuity of services and the sharing of good practice across all teams.
- There were 172 substantive staff in community CAMHS. In the past 12 months 11% of staff had left. All vacancies were being recruited to. For example, City and Hackney CAMHS had just recruited a new manager. The management post in that team was being covered by an interim manager until the new manager took up their post. A number of teams had locum workers. For example, Luton CAMHS had four locums currently covering vacant posts. In Newham CAMHS there were a number of vacancies which included a vacancy for a nurse, two primary school workers, one integrated neighbourhood worker and a fostering and adoption worker. All of these were newly established posts recently funded by commissioners and being recruited

to for the first time. The staff in the Newham teams had the highest caseload in comparison to other teams. A number of the Newham team expressed their concerns regarding the high caseloads within the team during the inspection. The average caseload was 60 new cases per year. The managers had made a commitment to reduce the caseload to 45 new cases. The plan was in the process of being developed and the staff working group was feeding into it.

- Luton and Bedfordshire CAMHS had established links with the local university's student nursing programme as a way of encouraging newly qualified mental health nurses to consider a career in ELFT CAMHS.
- All teams re-assessed and managed caseloads on a regular basis. City and Hackney CAMHS had adopted a model based on the 'choice and partnership' (CAPA) model to assist them in doing this. The model focused on providing interventions that had a strong evidence base recommended by the national institute for health and care excellence (NICE). City and Hackney used the CAPA model to calculate the number of staff needed to deliver the service and the number of appointments that could be offered on a weekly basis. In Newham CAMHS each clinician had a job plan which set out what work they could undertake in their hours of work. Luton CAMHS were implementing job planning to ensure that the right clinician was identified at the earliest time, so that the interventions were better targeted.
- The caseloads for consultant psychiatrists varied across the teams. None of the psychiatrist we interviewed said their workload was excessive. Some psychiatrists were working with young peoples' GPs on a 'shared care' basis. Under the 'shared care' arrangement, the young person's GP provided ongoing physical care and treatment and the consultant psychiatrist provided the mental health care and treatment. A psychiatrist working in an eating disorder team felt that this approach was helpful in supporting the young person and they were able to liaise with the GP and give advice and guidance when required.
- There were low levels of sickness, 2%, across all teams.
- There were no young people waiting to be allocated to a worker in any of the services.
- The completion rate for staff mandatory training was 81% for the London CAMHS teams and 82% for the Luton and Bedfordshire CAMHS teams. Training completion rates for safeguarding children levels 2 and 3 were below 90% for the London teams and 89% for the Luton and Bedfordshire team. This was due to a lack of face to face training dates being available. The trust had an action plan in place to address this. The service was arranging additional face to face training dates for staff that needed to complete the training. All the CAMHS teams demonstrated a good working knowledge of safeguarding procedures.
- To ensure that staff were protected whilst on home visits, the trust policy and local protocols stated that staff should be trained in breakaway techniques. Breakaway techniques teach staff on how to avoid or how to 'break away' from an assault. NICE guidance CG10 and the Royal College of Psychiatrists state that breakaway techniques are valuable to avoid serious injury, and these skills need to be regularly updated. Not all CAMHS staff had received initial or refresher training in breakaway techniques. Newham CAMHS had the highest completion rate of breakaway training with 81% of staff trained. In Tower Hamlets CAMHS, 53 members of staff were eligible for this training, 30 (57%) had completed the training.

Assessing and managing risk to patients and staff

- The triage/single point of entry team reviewed risks affecting all patients at the referral stage. Urgent referrals were prioritised and young people could be assessed and begin treatment quickly. Clinicians could see young people within 24 hours if there was an urgent need. During our visits, consultant psychiatrists responded immediately to urgent requests to see patients in the accident and emergency department of the local hospital.
- Young people, who were classified as medium or low risk, were offered a routine appointment and placed on a waiting list for an appointment. Staff scheduled assessment appointments according to risk. The teams had set targets for young people to be offered an assessment appointment. City and Hackney and Tower Hamlets had the shortest waiting time of a maximum of five weeks and Luton and Bedfordshire aimed for maximum wait of 11 weeks. Some teams monitored the waiting list. For example, the Newham CAMHS team checked in regularly with young people who were waiting. Other teams advised young people to contact CAMHS if they were experiencing difficulties. All teams were able to respond quickly to young people who became unwell whilst they were waiting for a routine appointment. In Luton and Bedfordshire they were

Good

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

seeking to reduce the time that young people waited for an assessment and bring it more into line with the wait times in London. The teams had an action plan and had secured additional funding to recruit more staff to tackle existing waiting lists. This plan had been in place since January 2016 and the wait times had started to reduce. The clinical leadership of the new teams ensured that there was appropriate case management, including discharge of existing young people from the service, which created further capacity to accept new referrals.

- Once young people had begun treatment, staff completed a risk assessment and management plan for young people and updated this whenever there was a change in circumstances. In Luton CAMHS clinicians discussed issues pertaining to risk in their pathway meetings.
- Young people were encouraged to develop crisis plans. These plans outlined the actions the young person should take if they experienced a crisis. The plans were prepared jointly by the clinician and young person.
- The trust had a lone working protocol, which a number of teams had adapted to make it specific to the local area they served. Trust policy and local protocols emphasised the importance of all staff being familiar with the policy and local protocols. To ensure staff were aware of the policy and local protocol, managers of Newham CAMHS held a lone working awareness session workshop for team members. The session included a question and answer session, which allowed individuals to seek clarity regarding aspects of lone working. Bedfordshire CAMHS's processes for lone working were robust and included having a duty worker responsible for monitoring staff whereabouts. Information regarding time of appointment, whereabouts and time due back in the office was captured on the team whiteboard and recorded electronically. Staff in the Tower Hamlets CAMHS team were aware of the lone working policy but staff descriptions of what safety protocols they should observe when going on a home visit differed. For example, some staff were aware that they needed to tell a manager that they were undertaking a home visit after office hours, other team members did not. The variation in practices meant that staff might not be safe when undertaking a home visit.
- Staff knew how to raise a safeguarding alert and had a good understanding of the safeguarding protocols and procedures. If clinicians had safeguarding concerns there was a dedicated phone number and a named doctor they could consult.
- Teams embedded safeguarding protocols and processes in their daily work with young people. Staff raised safeguarding issues at clinical appointments and agreed plans with the young person to manage and reduce their risks.
- Staff were knowledgeable regarding the range of risks that could impact negatively on a young person. Staff had undertaken additional training to recognise child sexual exploitation and patient records showed that CAMHS staff had liaised with other agencies to protect the young person. The trust had a safeguarding lead. In Luton and Bedfordshire CAMHS there was a Safeguarding Lead Nurse situated in the same building who delivered monthly group supervision to CAMHS staff and provided input into the monthly lessons learned sessions that were held for CAMHS staff. Luton and Bedfordshire were in the process of implementing a standardised approach for safeguarding supervision, which included recording the discussion that took place and who was responsible for taking actions.
- Across all teams, there were good links with the local authority, evidence of multi-agency working and information sharing. This meant that young people were protected from abuse and avoidable harm.

Track record on safety

- The trust recorded incidents that occurred in CAMHS services and categorised them according to severity. The trust had recorded 22 incidents in the past 12 months. The majority were identified as "no harm". A number related to the Tower Hamlets CAMHS office being flooded. There were two incidents, which were serious. In both incidents young people had been victims of a homicide.

Reporting incidents and learning from when things go wrong

- All staff we interviewed were aware of what incidents to report and how to report them. Staff told us that there was a positive culture around reporting incidents. They understood that they would not be blamed if things went wrong.

Good

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

- Teams saw the reviewing of incidents as an opportunity for learning. We saw good evidence of learning and improvements following incidents. The Hackney team reviewed incidents from other trusts and looked at how they could use the learning from these incidents to improve the service offered to young people and their parent/carers. This team had run a learning event for staff as result of an incident in acute trust. In response to learning from the incident they had publicised the number of the crisis team more widely.
- The Tower Hamlets service had contributed information to a thematic review regarding a number of serious incidents, which had occurred in 2013-14. The thematic review had identified a number of issues, which included that the early identification of young people at risk and parents being able to access services was impeded by language and cultural barriers. As a result a number of CAMHS services had employed bi-lingual workers and cultural consultants to provide support to this group of young people and their parent/carers.
- Tower Hamlets CAMHS had thought about how best to support young people who were coming to the end of their treatment journey following an incident. They now planned for these endings, which included discussing the impending discharge with the young person, thinking about how best to say goodbye and involving other professionals, who would support the young person once the CAMHS intervention had ended.
- Teams discussed incidents regularly in team meetings and at specific learning events. For example, the Bedfordshire and Luton CAMHS team had a lessons learning seminar in June 2016 and planned to hold this event every six months. The event identified that excessively long waiting times contributed to incidents and complaints. There was also a need for improved integrated working and the sharing of expertise to support other practitioners. Luton and Bedfordshire CAMHS teams had identified that parental upset and aggression were issues that came up. They recognised that ensuring that staff were up to date with conflict resolution and breakaway was important. Sixty eight percent of staff across both teams had completed breakaway training. The trust had identified which staff required this training and were organising training days.
- CAMHS teams used learning from national inquiries to make improvements. For example, Lord Laming's report on the Victoria Climbie highlighted that young people who move to differing boroughs can "slip through the net" and might not be offered the support they require for their protection. There was evidence that clinicians were liaising with CAMHS, social care and education colleagues in other boroughs for children who had moved and were at risk.
- Some staff in the Tower Hamlets teams felt that improvements needed to be made to the process of de-briefing staff after incidents.

Duty of candour

- All staff had a good understanding of the duty of candour. This duty was introduced in April 2015. It requires staff to provide people who use services with reasonable support, truthful information and an apology when things go wrong. There was evidence that staff had adhered to this duty in the work they undertook with young people and their families.

Are services effective?

Good

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Our findings

Assessment of needs and planning of care

- The CAMHS services in London and Luton used a single point of entry/triage (SPOE) process for new referrals. The SPOE process meant that the referral process was consistent and transparent. City and Hackney CAMHS were part of the Hackney Alliance and their triage process was in partnership with other organisations that provided services to young people and their families. Working in partnership with other organisations to triage referrals encouraged co-working and minimised duplication of work, which was beneficial to young people and the parent/carers. The Luton CAMHS had core members of staff working in the SPOE team. This meant that they were clear about admission criteria and there was a consistent approach when referrals came into the service. Once a referral was triaged, the young person was either allocated for assessment or signposted to a more appropriate service. The SPOE had recently been introduced in Bedfordshire CAMHS and they were in the process of embedding the SPOE.
- Referring agencies sent referrals to the individual specialist CAMHS teams. CAMHS staff screened referrals for priority cases and then passed them to Tier 3 SPOE for further triage. Once the SPOE process was embedded, the trust planned to streamline the triage process. At that point, the process would change and referrers would send referrals directly to the SPOE, which would reduce duplication of work.
- Staff in the SPOE passed the referral to the most appropriate tier 3 CAMHS team once it had been reviewed. The Tier 3 team then reviewed the young person's referral and allocated it to the appropriate clinician for a more in-depth assessment.
- In Tower Hamlets referrals for young people who had an eating disorder were passed directly to the specialist eating disorders team within community CAMHS as they had specialist knowledge and were better able to assess the urgency of the referral.
- In Newham CAMHS the "Front Door " triage team sent all families receive a letter, which summarised their triage assessment call and outlining the care plan. The letter was also copied to the referrer and the GP and other relevant professionals with the parents/young person's consent.
- A number of community CAMHS services had neuro-development teams, which undertook autism diagnostic observation schedule assessments for young people identified as possibly having autism. Teams tried to ensure that these assessments which were complex, happened as quickly as possible so that the young person's treatment and care could be planned for. Tower Hamlets CAMHS were able to complete these assessments in three months.
- The assessment process covered a range of needs, including education, social circumstances, mental health and family dynamics. The assessment of needs was ongoing and if young people required an additional intervention, staff would offer this or refer the young person to an appropriate team or clinician.
- Thirty of the 31 care records we reviewed were personalised, holistic and recovery focused. Clinicians completed a comprehensive assessment for each young person. Young people's plans of care were shared with the young person, their families and their general practitioner and school where appropriate.
- Staff assessed young people's mental health needs in a compassionate manner. They carried out the assessment at a pace to suit the young person and their family. Staff planned care and treatment during the assessment and agreed further actions with the young person and their family.

Best practice in treatment and care

- Clinicians considered national institute for health and care excellence (NICE) guidelines when prescribing medication and used them to inform treatment pathways, particularly the use of psychological therapies. Staff were made aware of recommendations regarding good practice through emails and academic meetings.
- During the appointments we attended, we consistently saw evidence of staff following NICE guidance on 'psychosis and schizophrenia in children and young people' and 'depression in children and young people'. Doctors offered young people antipsychotic medication in conjunction with psychological interventions. We also saw that clinicians were skilled in explaining medication to young people in a way that was age appropriate and relevant to the person.
- The services offered psychological therapies recommended by NICE including cognitive behavioural therapy, family therapy and psychotherapy. Some teams

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also offered acceptance and commitment therapy, eye movement desensitization and reprocessing for young people who suffered from post-traumatic stress disorder and dialectical behaviour therapy.

- For young people who were being cared for by the eating disorders team, there was evidence of regular liaison with the young person's GP and reference made to guidance specific to young people who had an eating disorder, specifically junior MARSIPAN: management of really sick patients under 18 with anorexia nervosa
- When families required support in relation to employment, housing and benefits, staff referred them to the children's services department within the local authority or to local voluntary sector organisations.
- The GP dealt with the majority of the young person's physical healthcare needs. We saw that there was regular communication between the CAMHS teams and GPs. Clinicians monitored the weight and height of patients receiving medication for the treatment of attention deficit hyperactivity disorder.
- Outcome measures were integral to clinical practice. A number of tools were used, which included the monitoring of outcomes using an electronic database. For example, staff asked young people and their parents to complete 47 questions on the 'revised child anxiety and depression scale' to indicate the nature of the difficulties the young person was experiencing. The exercise enabled young people and families to classify their difficulties. Staff reviewed and discussed treatment outcomes with the young person and their families on a regular basis to measure the progress that the young person had made. They also used the treatment outcome measures to inform future care planning.
- Staff participated in clinical audits. For example, the trust had participated in the prescribing observatory for mental health - United Kingdom quality improvement programme, which looked at prescribing for attention deficit hyperactivity disorder in children, adolescents and adults. In Luton, the managers wanted to develop a clinical effectiveness group. They were planning to undertake an audit of performance against NICE guidelines. Bedfordshire CAMHS had undertaken an audit of the experience of service users and one specifically for parents who had been part of the parent training programme. The audits asked participants to comment on the care they had received. The majority of comments were positive; where improvements were identified the service identified what action they were going to take. Bedfordshire CAMHS had also undertaken an audit of the strengths and difficulties questionnaire and the revised child anxiety and depression scale to get a better understanding of whether the interventions being offered were beneficial for young people. The audit showed that the majority of respondents felt that the intervention offered by CAMHS was helpful. The team looked at the respondents who felt that they did not receive the support they required and identified how best to improve their experience of treatment, for example, by offering additional therapies or group work. Newham CAMHS had undertaken an audit of case notes, which identified that 80% of the notes had been completed contemporaneously. The findings from the audit had been fedback to staff during a learning session.
- The Tower Hamlets team were undertaking an audit of current CAMHS cases to identify the number of young people who had experienced child sexual abuse.

Skilled staff to deliver care

- Staff working in the teams, were made up of staff from a range of professional backgrounds including consultant psychiatrists, junior doctors, clinical psychologists, nurses, cultural consultants, bilingual workers and therapists.
- Staff had the qualifications and skills they needed to carry out their roles effectively. All doctors working in the teams had undergone revalidation. Revalidation is the process by which licensed doctors are required to demonstrate on a regular basis that they are up to date and fit to practise.
- Some teams had received specialist training in addition to mandatory training. A number of clinicians had received training in improving access to psychological therapies. The Bedfordshire team had received training to improve their understanding of female genital mutilation. Luton CAMHS clinicians had been trained to work with gender and sexuality issues. This team had also had an academic session that focused on the impact of parental depression on young people.
- All staff received a range of opportunities for supervision and support including regular team meetings, individual, safeguarding and group clinical supervision and managerial supervision. The trust had a supervision policy and CAMHS specific guidance that was dated 2014. The guidance was produced to take into account the new CAMHS management structure and ensured

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that there was clarity regarding the support that should be provided to CAMHS staff. The guidance recognised that newly qualified staff may need additional support and suggested that these staff receive more frequent supervision. In a number of teams, managers kept spreadsheets, which tracked the number of supervision sessions the member of staff had.

- Appraisal completion rates across the CAMHS were high. Newham was 94.4%, Tower Hamlets 97.8%, City and Hackney, Luton and Bedfordshire were all 100%.
- There were regular team and business meetings and staff felt well supported by other disciplines. For example, staff working in the Luton adolescent team had a weekly multi-disciplinary meeting, daily handover meetings, quarterly safeguarding supervision, fortnightly case discussion meetings and quarterly away days.
- Staff who were performing poorly received prompt support. Managers assisted staff members to improve in their role. Managers used supervision sessions and action plans to address concerns about the staff performance.

Multi-disciplinary and inter-agency team work

- Staff had a good understanding of patients' needs. In particular, we noted that multi-disciplinary team meetings discussed young people in considerable depth and that members of the team had a good understanding of both the difficulties each young person had and the dynamics with their families and schools.
- Multi-disciplinary team meetings took place regularly. In all teams, there were regular meetings to discuss current patients and review the waiting list. Whole team meetings took place each month to discuss organisational and administrative matters.
- There was a trust policy for young people in transition to adult mental health services. This addressed the planned movement of young people from child centred to adult orientated healthcare systems. Staff worked jointly with colleagues from adult mental health services during the transition of young people to adult services.
- There was frequent contact between the teams and the local social services departments. Newham and Tower Hamlets CAMHS teams had clinicians located in the children's and young people's social care teams, which meant that they were able to respond promptly to young people who might require both social care and a mental health intervention. Teams liaised effectively with out of borough services to support the young people who were placed out of area.
- The teams worked closely with inpatient services when a young person was admitted or discharged. The Bedfordshire team had a board in the main office, which had details of all the young people who were in hospital. There were many examples of effective working with other teams within the trust such as the paediatric team. In Newham, the service manager had met with colleagues who led on paediatric physical health as a way of improving communication and joint working.
- A CAMHS psychiatrist sat on the north east London steering group, set as a result of the "review of pathway following sexual assault for children and young people in London", which was conducted by the Havens and Kings College Hospital London. A Tower Hamlets CAMHS psychiatrist sat on the multi-agency panel for sexual exploitation.
- Staff in the Newham team had access to a substance misuse worker, which meant that young people who presented with substance misuse issues and mental health problems could be supported appropriately.

Adherence to the MHA and the MHA Code of Practice

- Training for staff in the Mental Health Act (MHA) was not mandatory. However, staff received training in the provisions of the MHA in a variety of ways. Staff had a good understanding of the Act and how it applied to their work with young people.
- In Luton CAMHS, staff had participated in a workshop on the MHA, capacity and consent in May 2016. The trust mental health lead delivered the training. Managers ensured that the power point slides were circulated to staff who could not attend.
- There were no patients subject to the MHA receiving care or treatment from CAMHS.

Good practice in applying the MCA

- The Mental Capacity Act does not apply to young people aged under 16. For children under the age of 16, staff applied the Gillick competency test. This recognised that some children might have a sufficient level of maturity to make some decisions themselves.
- Staff considered issues of capacity, competency and consent during assessments and consultations.

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- Staff understanding of Gillick competence was good and they described how it would be applied when a young person had decided they did not want their family to be involved. Staff always sought consent for care and treatment from young people and their families where appropriate. In a meeting we observed that clinicians had discussions regarding capacity for young people who were over the age of 16.

Outstanding ☆

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Our findings

Kindness, dignity, respect and support

- Staff showed genuine compassion and understood the diverse needs of young people and their families. We observed positive interactions between staff and young people. Staff acknowledged and praised the young person for the progress they had made. Where young people identified that progress was slow, the clinician provided the young person with appropriate and practical support. At all times staff spoke to young people in a considered and age appropriate manner. In all the meetings we attended, we saw clinicians speak to young people in a thoughtful and respectful manner. Staff explained both the illness and treatment in a way that the young person could understand.
- During the home visits undertaken by staff we observed them working to support young people and their parents in a thoughtful and caring manner. Staff were respectful at all times and were mindful of how they communicated with the families.
- Clinicians were committed to ensuring that young people overcame their difficulties and provided care in creative, person-centred ways. For example, clinicians provided sessions in schools for young people who were experiencing anxieties associated with the classroom environment. Young people commented positively on the fact that clinicians ensured that the environment where the appointments were private and comfortable and outside of the CAMHS office.
- All teams offered good support for young people who were looked after and placed out of borough. The teams made efforts to maintain contact with the young person whilst they are out of area. In Tower Hamlets this was particularly evident with staff visiting young people who came from Tower Hamlets but were at a boarding school in East Sussex.
- Feedback from the young people and parents that we spoke with was very positive. They described staff as kind and caring and liked the ways their families had been included. Individuals commented that they felt listened to and wished there were opportunities to nominate specific staff for awards.
- Newham CAMHS had gathered service user feedback as part of the implementation of the "Front Door" triage. The majority of feedback was positive and where improvements had been identified they had used this to improve the service. For example, it was identified that language barriers were an issue when the Front Door team contacted young people or parents whose first language was not English. Newham CAMHS employed a number of bilingual workers who could assist if necessary.
- During interviews, clinicians paid close attention to the boundaries of confidentiality and asked the patient's permission to include parents in the discussion.

The involvement of people in the care they receive

- Staff were fully committed to working in partnership with young people and supporting them to make positive changes.
- Young people and their families commented they had been involved in their care plans and had received copies. Staff ensured that young people and their families were fully involved in decisions about care and treatment at clinical appointments. In sessions, there was a strong emphasis on collaborative strategies to resolve problems.
- Parents and carers were involved in the therapeutic process if appropriate. Clinicians worked in partnership with the young person and their families. Clinicians mediated between young people and their parents and helped individuals to have a better understanding of the other person's point of view.
- Staff tried to involve young people in decisions about the development of CAMHS services. Young people in all services were involved in redesigning the care plans so that they were more young people friendly.
- Routine outcome measures (ROMS) were used in all services. Staff had identified that young people were not always clear why they had to complete these forms. Staff had developed information which explained the use of ROMS. Prior to publication staff asked young people for their opinion on whether the information was young people friendly and age appropriate.
- Service user participation was a key aspect of the work undertaken by all the services. Staff encouraged and supported young people to become involved in the recruitment of new staff. This included providing young people with training around the recruitment process, how write a job description and the short listing process. Workers supported young people to write interview questions for prospective interview candidates. Young people felt that their views were taken into account and they were treated like equals

Are services caring?

Outstanding ☆

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during the interview process. In Bedfordshire there were regular participation meetings with young people. Young people contributed to magazines and videos about their treatment in CAMHS. Young people accessing the Luton and Bedfordshire teams were involved in the redesign of the CAMHS specific area of the trust website.

- The contributions made by young people to improving the CAMHS service were valued and recognised. In Bedfordshire seven young people had formed a service user group called "connect" with support from the participation worker. They had undertaken work to reduce the stigma attached to mental illness. The participation worker had nominated the group for the Bedfordshire Young People of the Year Award 2015 and they had won third place.
- Staff in the CAMHS teams used surveys and interviews with young people and their parents to improve the service. Staff provided support to parents and carers in the form of groups, and information giving sessions. All teams recognised the importance of gathering feedback as a way of improving the service. A number of teams had "you said…we did" noticeboards where young people had made comments about the service and the staff wrote what they did in response to these comments. The comments were reviewed every six weeks. For example, in Tower Hamlets the team had provided tables in the reception area in response to feedback from young people. In Bedfordshire CAMHS, young people had requested that pictures of the staff to be displayed in reception so that they knew who was working in the service and might be supporting them around their care and treatment.
- At the end of sessions, Newham staff asked young people to complete an evaluation form, the child session rating scale, to score how the found the session. The evaluation form included questions as to whether young person felt they had been listened to and whether they liked the session. By gathering this feedback clinicians were able to adjust the content of the session or their approach so that the young person derived maximum benefit.

Are services responsive to people's needs?

Outstanding ☆

By responsive, we mean that services are organised so that they meet people's needs.

Our findings

Access and discharge

- The CAMHS teams received a large number of referrals per year and had worked with 7,759 young people in the last 12 months. Professionals from a variety of teams were able to make referrals to CAMHS. Some teams accepted self-referrals from young people who had previously accessed the service.
- The Tower Hamlets team had the largest caseload with 1,947 young people receiving a service. If young people did not meet the threshold for the services, the teams had processes to ensure that these young people were signposted to alternative sources of support. For example, Tower Hamlets CAMHS were part of an improving access to psychological therapies initiative with partners working in the community. City and Hackney CAMHS were part of the Hackney Alliance, which included other young people services.
- Access to the London CAMHS teams was through a single point of access. Staff in the single point of access teams triaged young people who had been referred. The triage process was used to determine the nature and severity of the mental health problem, determine which service response would best meet the needs of the young person, and how urgently the response was required. If young people did not meet the threshold for CAMHS intervention they were signposted elsewhere.
- In Luton, this arrangement had also recently been introduced and in Bedfordshire they were working towards this arrangement with a single point of access in place but some referrals still going directly to the teams.
- All London teams had targets around waiting times for initial appointments/assessments, which were between 5-9 weeks based on local commissioning arrangements. The Luton and Bedfordshire CAMHS teams did not have set targets for waiting times. the trust were seeking to achieve similar waiting times to London and were in the process agreeing these with the commissioners. At the time of the inspection the waiting times for an initial appointment was 5 weeks in City & Hackney and Tower Hamlets, 9 weeks in Newham, 11 weeks in Luton and 7-11 weeks in Bedfordshire.
- There were very few instances of the targets not being met. In London, Newham CAMHS had the lowest number of breaches of waiting time. Between December 2015 – May 2016, 99% of young people were seen on time. In City and Hackney CAMHS, 96% of young people were seen on time and in Tower Hamlets CAMHS, 92% of young people were seen within the target time. On the occasions when targets were not met the maximum waiting time was exceeded by one or two days.
- Despite not having set targets, Luton and Bedfordshire CAMHS monitored their waiting times. There was an action plan in place to reduce the waiting times, which meant that the majority of young people were seen for the first appointment within 11 weeks. The plan included the introduction of daily duty clinician system to view all referrals for risk. The managers from these teams had also used Future in Mind Transformation Fund Year 1 monies to recruit additional staff to tackle waiting lists.
- All CAMHS services had processes in place to ensure that young people in priority need were identified and offered an appointment as quickly as possible. Staff could see emergency or urgent cases on the same day if necessary. City and Hackney CAMHS prioritised those young people who had self-harmed and had a daily rota of clinicians who could respond to young people who presented with this issue. These clinicians also provided a service to young people who presented to the local accident and emergency department. Bedfordshire CAMHS had crisis workers attached to their teams who could see young people who presented in crisis. In Newham CAMHS, they called their triage process the "front door" system. Workers within the team reviewed the referrals daily and had a duty psychiatrist available every day to deal with queries or emergencies. The Front door team which was staffed by clinicians rang those who had been referred and gathered additional information relevant to the young person's situation. This meant that they were able to identify the most suitable clinician at the earliest opportunity and young people could commence their care and treatment without delay.
- CAMHS psychiatrists participated in a duty rota system to provide cover to A&E at weekend and out of hours. Teams sent first appointment letters with a routine appointment to those young people identified as less urgent. The letters encouraged families to contact the services if they became concerned about deterioration in their child's health or felt that they required an earlier appointment.

Are services responsive to people's needs?

Outstanding ☆

By responsive, we mean that services are organised so that they meet people's needs.

- Staff responded appropriately to young people who were in crisis. For example, a young person had been admitted onto a paediatric ward in an acute hospital because there was no CAMHS inpatient bed available. Clinicians working in the City and Hackney team had visited this young person for five days whilst they were on the ward, even though the young person was not in an acute hospital in the borough. The City and Hackney team offered ongoing support and treatment when the young person was discharged from hospital. This meant that the young person was familiar with the service and the clinical team.
- After the CAMHS clinicians had assessed a young person, teams made a decision as to which discipline was best suited to deliver the care and treatment that the young person required. To ensure that young people's care and treatment was not unduly delayed, a number of teams used established models of care, which had suggested time frames for treatment. For example, Tower Hamlets CAMHS used the thrive model for young people receiving treatment from the emotional and behavioural team, which was the majority of the CAMHS caseload. Under this model, they matched the young person with the clinician from the most appropriate pathway and reviewed treatment regularly. The thrive model used a collaborative approach to shared decision making between the young person and their parent/carer. City and Hackney CAMHS based their model of care on the choice and partnership approach. This model also matched the young person with the most appropriate clinicians and emphasised the importance of shared decision making about treatment and the length of time spent in treatment by young people.
- Some clinicians identified that some young people needed additional therapies. In some teams, there was an internal waiting list for these therapies. For example in Bedfordshire there was six month wait for psychology and a three month wait for family therapy for young people who accessed the service from the Dunstable base. The teams were trying to manage this by running groups, such as cognitive behavioural therapy groups. They had used locum staff to reduce the waits for psychology. Managers and clinicians reviewed the waiting list on a regular basis. Staff ensured that the referral for additional therapies was appropriate for the young person concerned and met their clinical needs. Clinicians provided the young people who were waiting for therapies with ongoing support.
- The majority of the services offered appointments between 9am – 5pm and some teams undertook home visits outside of office hours.
- Young people could access specialist help outside of normal opening times by going to A&E at the local acute hospital.
- As part of the transformation plans for Luton and Bedfordshire CAMHS the trust was setting up a seven day a week crisis team who would work until 8pm. This meant that young people who attended A&E in crisis could be seen by a specialist CAMHS worker every day including weekends. This would ensure that young people could get the help they required without delay.
- Staff told us that they rarely cancelled appointments. However, in the event of un-planned absence of staff, non-urgent appointments were cancelled. This meant that as far as possible people received a service.
- The services had identified that some young people might find it hard to engage with CAMHS. In order to address this in Newham there were clinicians based in the pupil referral unit, and children's social care. Tower Hamlets had two workers employed as part of year long project to look at the mental health needs of young people who suffered from phobias or who were looked after by the local authority.
- Teams monitored young people who did not attend their appointments. They would make efforts to contact the young person and offer them appointments. Before clinicians closed a young person's case, they would review the risks, identify whether there were any safeguarding concerns, and make appropriate referrals. If appropriate, staff convened a team around the child (TAC) meeting with partners from social care, education, youth offending team and others if young people were not engaging with services. The TAC process ensured that the young person, their parents/carers and the professionals involved worked together to promote positive outcomes for the young person.
- There was a trust policy for young people in transition to adult mental health services. This is the planned movement of young people from child centred to adult orientated healthcare systems. The policy emphasised the importance of services supporting young people and their families to exercise choice in the type of

Are services responsive to people's needs?

Outstanding ☆

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service in which they were involved. Staff described joint team working using the care programme approach. For example, staff from the Bedfordshire team ensured they had strong links with colleagues in adult services. This helped to ensure that young people experienced a seamless transfer of care. Services planned for the transfer of young people when they were 17.5 years. Clinicians carefully considered the appropriate treatment of young people who were approaching 17.5 years and if treatment duration was short they would continue to see the young person in CAMHS rather than transfer to adult services.

- For young people who did not meet the threshold for adult mental health services, CAMHS made robust plans for discharge. This included identifying other organisations that could support the young person.

The facilities promote recovery, comfort, dignity and confidentiality

- Recovery was a key priority for the teams. In a number of offices, there were notice boards with quotes. The individuals who had used or were using the service had provided these quotes. The quotes were intended to inspire the young people and their parents and carers. The quotes emphasised the importance of recovery and wellness.
- All teams were based in offices with therapy rooms. Some of the offices had facilities on site to allow clinicians to undertake physical examinations. Where there was a lack of clinic rooms, clinicians liaised with the young person's GP and requested that they undertake the physical health examination.
- All the teams had sufficient interview rooms except Luton, which meant that staff could meet with young people in private. The Luton team overcame this by seeing young people at other venues, which were young people friendly, or undertook home visits.
- The reception area in the Bedfordshire CAMHS service was small, cramped, and not particularly comfortable for the individuals using the service or those working in reception. The trust was planning to improve the environment to make it more comfortable. The main administrative office in Tower Hamlets had very little natural light and was not particularly comfortable for staff.
- All the CAMHS premises were child and young people friendly. The services displayed information about local services. Given the wide age range of young people accessing the service some teams had separate leaflet racks for older children. These leaflet racks had information regarding sexual health, drugs and alcohol etc. and might not have been suitable for young people. There was also information on how to make a complaint on notice boards in the waiting areas. The offices had toys and books available to use whilst young children waited for their appointments. The service in Tower Hamlets had given a lot of thought to the diversity of the young people and had ethnically diverse toys available.

Meeting the needs of all people who use the service

- All staff had completed training in equality and diversity. This formed part of the trust's mandatory programme of training.
- Team bases were accessible to people with physical disabilities. Individuals with impaired mobility could use ramps and the lift to access the offices. Where the office did not have a lift, there were therapy rooms available on the ground floor. A number of the teams operated from different office bases, this meant that young people and their parents/carers did not have to undertake long journeys to CAMHS offices.
- Staff considered the needs of young people and their families and provided information in different accessible formats. Staff used of interpreting services for young people and parents/ carers whose first language was not English. Staff could organise interpreters quickly. The Tower Hamlets and Newham teams employed a number of bi-lingual workers. These workers supported young people and their parent/carers who might have found it difficult to engage due not speaking English. The workers attended clinician appointments and assisted in the triage process. Bi-lingual workers also provided guidance around cultural issues, which was particularly helpful in terms of care planning and treatment for the young people. Information was available in other languages in the London services but not in Luton or Bedfordshire.
- The teams ensured that they had an understanding of the needs of the diverse population they worked with. Staff undertook training to improve their knowledge. For example, in the Luton team they understood the need to improve their cultural competence, the Newham team had thought about how best to work with unaccompanied minors and had developed a culturally sensitive approach with a commitment to

Are services responsive to people's needs?

Outstanding ☆

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understanding young people's lives and their experiences. Teams demonstrated an awareness of religious and cultural needs. For example, when arranging appointments during Ramadan staff thought about the timings and length of appointments because individuals were fasting.

- Services actively sought the involvement of other community based organisations to ensure that services were planned and met the needs of young people and their parent/carers There were numerous examples of innovative approaches to providing care and treatmenti providers, particularly for people with multiple and complex needs. For example eating disorder teams were working with faith groups to raise awareness of eating disorders in specific communities. Tower Hamlets CAMHS had looked at the needs of the Bangladeshi community and their access to community services. They produced a report that identified that the young people were under-represented within the client group. To address this and improve staff understanding, the team ensured that equalities were a regular feature of the staff continuing professional development programme. The report noted that there was increasing concern regarding Bangladeshi boys becoming involved in gang related behaviour. The team were looking at how identify and support this vulnerable group at the earliest opportunity. The team recognised that it was important to have good referral pathways between the various agencies. City and Hackney CAMHS had identified that African Caribbean boys were also at risk of becoming involved in gang related activity and were working with statutory partners and the voluntary sector to target these young people. As well as responding to the needs of young people, there was evidence of teams responding to the needs of parents and carers, for example teams had provided a group for Turkish fathers and parents from the Jewish community who had children with high functioning autism.
- A number of services ran group work programmes for parents. Tower Hamlets ran the non-violent resistance (NVR) programme for parents and delivered the sessions in both English and Bengali. Parents attending the NVR programme in City and Hackney had recorded a video promoting the programme to other parents.
- The participation worker in Luton and Bedfordshire had worked with a young person to write a training package about discrimination and confidentiality.
- Tower Hamlets CAMHS worked in collaboration with the adoption consortium and provided play therapy for looked after children who were moving to a permanent placement.
- The Bedfordshire team had received training, which had given them a better understanding of female genital mutilation.
- Teams were conscious of the trends amongst the young people they worked with and endeavoured to respond to these in a timely manner. For example in Bedfordshire, a particular school had reported an increase in the number of young people who had self-harmed. The team had provided training to the school. The team was also running a pilot programme with a school to look at the issues relating to online bullying and with another school regarding child sexual exploitation as there had been an increase in these cases in the county. The team were also working with the National Society for the Prevention of Cruelty to Children to support these young people. There was strong working relationship between Bedfordshire CAMHS and the family nurse partnership (FNP). FNP provide a programme for vulnerable young first time mothers. The partnership between the team and FNP meant that staff were able to offer support to teenage mothers who may be experiencing postpartum depression or other mental health problem.
- Schools in Luton had the opportunity to purchase additional CAMHS services. Twenty-eight schools had taken up this offer. This meant that the teams were able to offer a bespoke service. For example, staff had been running sessions for young people on exam stress in a local further education college.
- Teams were also aware of trends in adult mental health services. Staff had provided training to professionals including to schools and GPs on suicide prevention.
- City and Hackney CAMHS had participated in careers days at the local college to promote mental health awareness and provide young people with information about working in mental health services. This service and the Luton CAMHS service were looking at taking on an apprentice from the local area.
- Tower Hamlets and City and Hackney CAMHS teams were looking at how to make the service more accessible for young people. Tower Hamlets were working with colleagues in the voluntary sector to develop and smartphone application. City and Hackney CAMHS clinicians had participated in a hackathon with

Are services responsive to people's needs?

Outstanding ☆

By responsive, we mean that services are organised so that they meet people's needs.

colleagues in other trusts and the Anna Freud Centre. The hackathon focused on how to improve the digital technology used in children and young people's mental health services. These clinicians had undertaken the project in their free time.

Listening to and learning from concerns and complaints

- Parents and young people said they knew how to make a complaint and felt comfortable speaking to staff about any concerns they might have. There had been six formal complaints lodged with the trust in the last 12 months regarding CAMHS community services. Three of these complaints had been partially upheld.
- All staff were committed to ensuring that young people and their parents and carers had a positive experience of using the services. Staff ensured that trust complaints leaflets were available throughout the services. In City and Hackney CAMHS staff had received training on complaints handling.
- Staff we spoke with were aware of the process for dealing with complaints. They told us that they aimed to resolve complaints quickly through informal processes, but would use formal complaints processes should this approach prove unsuccessful.
- The issue of poor communication was a theme, which was present in the three complaints that were partially upheld. The trust had offered apologies to the complainants. In the Newham CAMHS team , two complaints had been raised due to young people and their parents not being advised of changes in clinicians. The team had learnt from these complaints and communicated changes in clinicians to those using the service as soon as possible. They had also made improvements in dealing with telephone queries so that callers were directed to the most appropriate person as soon as possible.
- Staff discussed the feedback and outcomes of investigations into complaints at team meetings. Luton and Bedfordshire CAMHS teams had a quality away day, during which they they discussed incidents and complaints. They identified that it was important that complaints were investigated by managers external to the team to ensure that there was an element of objectivity. Additionally the teams had identified that young people being supported by two different teams had was a theme in some complaints. This was because there were two different electronic case management systems which had lead to miscommunication. The teams now used one electronic case management systems which meant that information could now be shared more easily.

Are services well-led?

Good

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Our findings

Vision and values

- Staff demonstrated a strong commitment to supporting the young people they were working with. Staff supported each other and had a culture of openness in which they could discuss challenges in their work with colleagues. Information for patients outlined the teams' responsibility to have open and honest conversations with young people, listen to and respect their views and give young people choices about their care and treatment.
- Trust values were on display in services and staff were able to describe how these values were embedded in the work they undertook with young people and their families. We observed staff behave in ways that reflected the trust vision, purpose and commitments. Some teams had additional team objectives and values, which encompassed the values of the trust. For example, in City and Hackney CAMHS, the team objectives included providing a safe and caring service that met the needs of those using the service. The manager emphasised the importance of every child being able to meet their potential in life and that the team had to support young people to do this. The importance of young people reaching their potential was also emphasised in Lord Laming's report into the Victoria Climbie inquiry.
- Staff were familiar with the senior managers in the trust and commented that they felt able to have open discussions with senior managers. The services in Luton and Bedfordshire had recently joined the specialist directorate. The CAMHS leadership team oversaw the service.

Good governance

- There were systems and processes established to ensure that the quality and safety of the service was assessed, monitored and improved. The trust used a risk evaluation tool (register) to identify teams that required support. There was good use of the risk register reports, which enabled the trust to respond to issues of concern raised by the different teams. For example, the Luton register identified that there was insufficient clinical space to see young people on site. The trust was looking at solutions to this which included the service potentially relocating next year. The trust had also identified that there was no emergency call system at the Luton office. This issue had been resolved. The Newham team ensured that they reviewed the risk register during their management meetings. The managers at Tower Hamlets rated the risks according to severity. They had no high risk issues on their register but there were a number of medium risk issues, which included that the staff areas needed to be improved and there was a lack of parking for staff. They also had an action plan in place to address workforce issues. The plan included dealing with recruitment issues and backfilling for staff who were on maternity leave.
- The risk register was also shared with the Luton and Bedfordshire Clinical Commissioning Group.
- All service had robust governance systems and convened a number of meetings regularly to ensure the smooth running of the services. These included meetings at a directorate level and meetings, which took place at a borough level. Management meetings reviewed issues relating to both quality and business. For example, the management meetings looked at data, performance and ensured that services had the appropriate resources to run a safe service. The managers also discussed the activities that were taking place in the various team. Managers shared information from these governance meetings with staff in local teams.

Leadership, morale and staff engagement

- The trust undertook an annual staff survey which broke down the results by directorate. To get a better understanding of the experience of community CAMHS staff, City and Hackney and Newham management were undertaking a local staff survey, which focused on the views of those particular teams. Tower Hamlets management were undertaking an anonymous local staff survey to look at staff's experience of working with the multi-disciplinary team.
- There were low levels of sickness across the majority of teams. There were two members of staff on long-term sick leave in the Tower Hamlets team.
- None of the staff we spoke with identified any concerns about bullying or harassment. However a number of black and minority ethnic (BME) staff felt that the approach adopted by some managers was not always helpful or supportive.
- Staff were aware of the whistleblowing process if they needed to use it and it was discussed in business

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meetings and supervision. There were posters on display in staff areas and on there was information on the staff website. Staff in all teams felt confident to raise concerns without fear of victimisation.

- Levels of staff morale varied across the teams but despite this, the staff emphasised their commitment to ensuring that young people received good treatment and care.
- Low morale was evident amongst the BME staff in London. The trust was aware of the issues in the teams in London with some BME staff in particular feeling that opportunities for development were not readily available. Senior managers within the directorate recognised that this was an issue. They stated that the workforce was not as diverse as they would like. In addition to this there were other issues pertaining to diversity, which needed to be addressed. Diversity (which included supporting the BME workforce) was one of the four objectives in the staff survey action plan and the senior managers recognised that they had to improve their engagement with staff. Senior managers had brought in a team, which specialised in equality and diversity to help them do this.
- The number of changes that had taken place within the CAMHS directorate was a recurring theme when talking to all staff. The staff in Luton and Bedfordshire had transferred to East London Foundation Trust in April 2015. Some of the staff in those teams had been in post for a number of years. For some individuals this had been the third time they had been transferred to a new employer and experienced changes in their working environment. A number of teams had recently been restructured. There had been significant changes to the administration teams, which included removing posts and being unable to recruit to vacancies. Morale within the Bedfordshire team was a little low as a result. This was acknowledged by management and staff alike and was attributed to the amount of changes that had taken place within the teams in a short period of time. The changes had included the introduction of a new electronic case management system, working for a new trust and the restructuring of the teams. The managers of these teams had endeavoured to support staff through the changes by ensuring that they provided training and opportunities for staff to have time away from the office to discuss the changes in the service.
- However, morale in the Luton team was very high and staff reported feeling valued and invested in by the organisation.
- Different disciplines spoke very highly of each other and understood the different roles staff had. Staff spoke positively about team working and mutual support. Even though there were many changes taking place, the majority of staff felt that the new structures and teams roles once they were embedded would be a good thing. They felt that the new structure promoted practitioner responsibility and accountability.
- All managers were very complimentary about their teams. The directors of the service felt that the work undertaken by the teams was “amazing”. The teams had developed their expertise in a difficult economic climate, which had seen a reduction in funding over the past three years. They praised the teams for being innovative and flexible in their approach to the work they had undertaken to involve young people and their parents/ carers in their care and treatment. In Luton and Bedfordshire there were opportunities to nominate staff for awards that recognised their contribution to the care and treatment of young people.
- The managers in all teams felt well supported by their managers. Managers told us that they had sufficient authority to carry out their work. They felt supported by the CAMHS leadership team. Experienced administrators supported managers.
- The trust offered opportunities for professional development. Two managers had undertaken additional training in leadership and management and spoke positively about their experience.
- Staff were encouraged to be open and transparent and apologise when things went wrong. Managers supported staff through this process and saw it as an opportunity to learn from mistakes. For example, due to a staff error, incorrect information was sent out in a report, which caused the parents of the young person to become upset. The member of staff had apologised to the young person and their parent. In addition the City and Hackney service had reviewed processes and made improvements to work practices to minimise the likelihood of this happening again.
- Staff feedback had contributed to the development of services in Luton and Bedfordshire. At the team meetings, we attended there were discussions about improving joint working with other agencies and improving the early planning of patients’ discharge.

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Commitment to quality improvement and innovation

- CAMHS services were participating in internal quality improvement projects. Newham CAMHS 'front door' initiative was part of the quality improvement model. The 'front door' initiative had been set up to drive down waiting times for assessment and create a safer system. The initiative had been in place since 2014. The aim of the project was to reduce waiting times for first contact from 11weeks to nine weeks by April 2015. This had been successful and the team's waiting times had reduced to nine weeks. Ninety-nine per cent of young people were seen within nine weeks The trust had been encouraging the commissioners to participate in quality improvement training so that they could have a good understanding of the changes that were being made within CAMHS.
- The CAMHS services based in London were members of the quality network for community (QNCC) CAMHS. This meant that these teams were able to demonstrate the quality of the service they provided to young people, parents and carers and demonstrate compliance with standards and best practice. The Luton service was looking at introducing the QNCC standards with a view to working towards accreditation and also considering the benefits of using a peer review process to improve the service.