



2023

# Inspection Report

## **Jersey CAMHS**

### Jersey Care Commission

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# Background

This is the first annual inspection of the Jersey Child and Adolescent Mental Health Service (CAMHS) carried out by the Jersey Care Commission (the Commission) following the amendment to the Regulation of Care (Jersey) Law 2014. The inspection assessed the leadership, oversight, and provision of mental health support to children and young people based on the published [standards](#) launched in January 2023. The [standards](#):

- promote the safety and well-being of children and young people
- show what children, young people and their families should expect from the care they receive
- set out a series of quality statements about what good outcomes look like for children, young people, and their families
- set out what providers of care services must do to meet the expectations of people who use care services and requirements under the Law
- provide a structure that can be used to inspect the care provided.

The Commission appointed the Royal College of Psychiatrists (RCPYCH) and their Quality Network for Community CAMHS (QNCC) to support the inspection with an external review team, as they have expert knowledge and experience of working within mental health services across the UK, as well as assessing and supporting improvements in the quality of care they provide.

There are five different CAMHS teams within the Jersey CAMHS service; this inspection focused on the 'Specialist CAMHS Service'; however, the report references other service areas, where required. The inspection comprised several methods of collecting information, including a pre-inspection survey for young people, parents/carers, and a staff survey. The service team carried out a CAMHS self-review against the published standards. The onsite external peer-review team checked the submitted self-review and supporting evidence and discussed it with the service. The peer review team comprised specialist practitioners identified from various CAMHS provisions across the UK, working alongside the QNCC project lead and a regulation officer (inspector) from the Commission.

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This report triangulates the range of inspection activity and centres on highlighting the service's achievements and identifying areas of development. Collaboratively with the service, areas for development were identified throughout the inspection.

Many of the Commission's standards represent best practices, and it would be unusual for any service to meet all the standards during their first inspection. Where standards were not fully met, it served as an indicator for identifying areas of development. When areas for development were identified, these were supplemented by discussions with the leadership team to explore ways of working that might support developments. The report sets these recommendations under "suggestions for ways of working" to help the service consider alternative ways of delivering the improvements discussed.

Additional more detailed information about the inspection is detailed in the report.

# Introduction

## Inspection process

The on-site inspection took place on **18 and 19 October 2023**.

The Jersey Child and Adolescent Mental Health Service (CAMHS) took part in an inspection covering the following sections of the service [standards](#):

- Statement of purpose
- Service management and leadership
- Staff recruitment and support
- Access, referral and assessment
- Care and intervention
- Information, consent and confidentiality
- Rights and safeguarding
- Transfer of care
- Multi-agency working
- Staffing and training
- Environment and facilities

A visiting team spent two days at the service, speaking to the CAMHS team about the service and reviewing evidence submitted as part of their self-review (where the service rated themselves against the standards).

The main purpose of the inspection was to highlight the service's achievements, provoke more detailed discussion on areas the service wished to target for improvements and establish action points for the future.

## Self-Review and Surveys

The service completed a self-review workbook based on all the standards before the inspection. Before the inspection, information and data were collected from various sources, including surveys provided to children and young people, parents/carers, and a staff survey.

A review of policies, risk assessments and other evidence was provided as part of the service's self-evaluation before the inspection.

Source	No. of questionnaires returned
Parents/Carers Questionnaire	14
Young People's Questionnaire	13
Staff Questionnaire	20
Referrers' Questionnaire	3
Service Manager Questionnaire	2
Case Note Audit	10

## Interviews

Additional information was also collected through various interviews during the onsite visit.

**Multi-disciplinary staff – 4**

**Parents/carers – 6**

**Partner agencies – 4**

**Young People – 2**

## Review team

The review team comprised of:

Profession	Organisation
Project Officer	QNCC
Patient Representative	QNCC/QNIC
Senior Nurse Consultant	UK Trust
Associate Medical Director, Consultant Child & Adult Psychiatrist	UK Trust
Team Manager	UK Trust
Regulation Officer	Jersey Care Commission

## About this report

This report summarises the review findings and highlights areas of good practice and areas for improvement. The main body of the report details the key issues arising from the self-evaluation and review discussions. Many Jersey Care Commission standards represent best practices, and it would be unusual for any service to meet all the standards on their first inspection.

When standards are unmet, this will be an essential indicator for service development planning. Where action points were established during the review, these have been recorded in the report to help CAMHS staff implement the improvements discussed.

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# Reviewers' Summary

This summary is intended to highlight key developments discussed on the review visit.

The Jersey Child and Adolescent Mental Health Service (CAMHS) offers treatment for the young people of Jersey who exhibit moderate to severe mental health difficulties, with their Early Intervention (EI) service offering treatment for those with mild to moderate mental health difficulties.

The CAMHS service and team have undergone many changes and improvements over the past three years. Historically, the Jersey CAMHS service has faced challenges around its public reputation in the community whilst being underfunded and understaffed. However, in the past three years, the team has expanded from a staff team of 17 to 70.9 full-time equivalents with momentum to continue with further improvements, including the ongoing Mental Health Strategy that began in 2022 and will run until 2025. Increased funding has enabled the staff team to grow, with plans to hire a new family support worker and business support lead in the coming year.

The CAMHS and Early Intervention (EI) referrals go through a single point of access, the Child and Family Hub, which is staffed by one dedicated mental health nurse, Monday to Friday, 9am to 5pm. Triage of care is undertaken collectively to ensure that young people receive the right care level.

The duty and assessment team has reduced its waiting times for assessments, which is highly commendable, especially with a high number of referrals received in certain months in 2023, with 201 referrals in March.

After the assessment, waits for therapy have been long (no data was provided); therefore, the team have a contract with the charity 'Mind Jersey', and young people are always assigned a key worker whilst they are being held on internal waiting lists. However, it was noted that no data on waiting times for treatment were provided by the team.

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The team has seen a rapid uptake in referrals to the new neuro-developmental service, which has made it the area of the service that is under the most pressure, with 658 referrals received between 1 January and 18 October 2023. Because of this, the service has hired an additional locum psychiatrist, especially for this team.

43% of the referrals for young people in 2022 came from education. The service hypothesises that the low level of General Practitioner (GP) referrals is because, in 2022, children were charged to visit their GP and might be less likely to visit. Every two years, there is a children's survey in Jersey, and consistently, the top stresses are identified as exams and schoolwork. The Early Intervention team is due to start work on consultations with schools to provide training and development to school staff to enable them to assist young people with their mental health difficulties and stress due to exams, but also ensure appropriate referrals to CAMHS.

The Early Intervention service was launched in 2022 to assist young people with mild to moderate mental health difficulties. The new service is working with schools, running a broad range of groups, such as creative therapies and those incorporating nature.

Looked after children are given priority in accessing the service and are seen within 72 hours of referral, and, to ensure that the young people don't have to repeat their story, the CAMHS team hold joint meetings with children's services. The CAMHS team is hoping to grow this area of the service.

The CAMHS team has recognised the historical need for more data and reporting, which they reported were due to challenges with the systems used.

The team has responded by increasing investment in data and performance, and this effort has led to enhanced feedback and reporting. The service aspires to make additional improvements in this area, and the review team agreed that this was an area of development required.



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Governance arrangements for CAMHS are jointly overseen by Health and Community Services (HCS) and the Children, Young People, Education and Skills Department (CYPES).

However, the current Memorandum of Understanding (MOU) has not been agreed and ratified for this governance arrangement, therefore, a recognised need by the review team is for a formalised oversight, scrutiny, and governance agreement to be put in place.

The team reported that Jersey has well-established Portuguese and Polish populations, which the service has noted as being underrepresented in referrals to CAMHS. The team plans to work on outreach to access young people in underrepresented communities. Improvements in data analysis are required to assist in identifying underrepresented communities providing further developments for outreach.

The service fed back, and it was also evident during discussions with partners that joint working with adult mental health teams is good, with positive relationships and a monthly meeting to discuss the transitions of young people into adult services. Young people are well informed of their service transition journey six months before their 18th birthday to ensure they feel well prepared. The adult mental health team has also received additional funding; however, the challenge of the higher referral threshold to access adult mental health services remains. CAMHS are expanding efforts to address gaps by adopting a flexible approach to discharge for certain young people who may require extended involvement from CAMHS beyond their 18th birthdays. Additionally, CAMHS is actively developing policies and enhancing offers for smoother transitions to university.

The island has no CAMHS inpatient unit, which is a challenge; however, the team has established relationships with hospital paediatric ward staff for short admissions. In rare cases, the CAMHS team would consider transferring young people to off-island units; in the last two years, the team has referred a small number of young people to inpatient units in the UK, including young people with an eating disorder.

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Alternatively, the team may manage a young person on the adult inpatient provision in Jersey for a short admission. However, the use of this provision has reduced in recent years, thanks to the increased investment in CAMHS.

There were plans in Jersey for a designated ward for young people mental health treatment within the new hospital design. Plans have now changed to incorporate a multi-site facility and the CAMHS team are awaiting details of the new design proposal. Work is underway at Clinique Pinel to create bespoke and individual mental health treatment options for young people, to replace the use of the adult mental health facility. The CAMHS team has already consulted with the Youthful Minds (young person group) to help ensure that it is child friendly.

The team has received mixed feedback about their service base from young people, parents/carers, and staff, with concerns around the balcony area, which is situated on the first floor and provides an elevated view of the floor below. This is seen as a risk by service users and family members. Other comments were that natural light was absent, and more office space was needed for staff. The service reported that they are exploring alternative spaces for relocation for 2026 when their current building contract expires.

The service has been investing a great deal in its staff with an increased training budget and initiatives to promote staff wellbeing, such as wellbeing walks, lunches, and yoga sessions. The staff interviewed during the inspection felt well looked after by the leadership team and commented that there was strong collaboration within the team. Since the inspection the service has advised that a more systemic approach to taking care of staff has been implemented including managers being more visible and accessible, collaborative and regular communication and priority given to staff wellbeing and development.

Flexible and hybrid working is available for staff, with the opportunity to work overtime, bank shifts, and up to 8 hours of private work (based on contracted full time hours), which a manager must sign off.

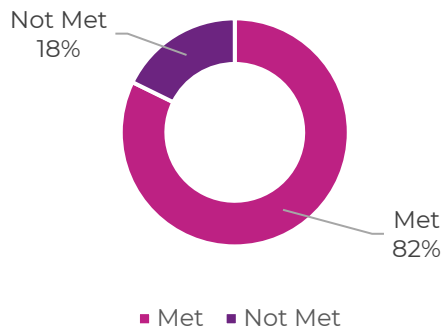
In parent/carer interviews conducted during the inspection, team members were described as “amazing,” the parents/carers interviewed commented on how much the service had improved in recent years.

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CAMHS provided sufficient verbal and physical evidence to meet 204 of the 255 standards in the inspection workbook during the self-review period and the peer review days.

The unmet standards and suggestions for developing them have been detailed throughout this report, specifically in the 'main challenges and areas of advice' section. The peer reviewers' comments may provide additional information on why those standards have been marked as unmet and the review teams' suggestions going forward.

### Overall Standard Scores



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# Main Strengths

## Statement of Purpose

The reviewers thought the young person's Statement of Purpose guide was brilliant. It was easy to read and informative, with fantastic imagery and a fun, accessible design.

## Service management and leadership

The service is committed to quality improvement, and staff attended the Royal College of Psychiatrists' Annual Quality Improvement conference in November 2023. This commitment is further evidenced by the fact that the team employs a quality assurance manager and is looking to employ a business support lead in 2024.

During their interview, staff reported that they feel that the service is a friendly, welcoming place to work and that it is a "no-brainer" to work for the service.

The referrers felt they were accessible. The staff interviewed commented that the leadership team has "compassion towards staff" and that there is a feeling of "safety in leadership and higher management". Reviewers also commented that they felt the service had a robust management structure.

As the service's catchment area is a small community, reviewers felt that the service had good oversight.

It was great to hear that feedback received by the service was overwhelmingly positive, and reviewers felt that management was very well informed of all feedback and replied to them directly by email.

It was observed that the CAMHS management worked well to cover all areas in standard 2.3, which includes but isn't limited to the ability to lead and manage a team, the ability to engage appropriately with children, young people, and their parents/carers, and the ability to learn from incidents and significant events, whilst being prepared to escalate areas of concern.

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Reviewers felt the CAMHS team worked well to reach young people and families to improve the service. The team works closely with the Youthful Minds group of young people and has also acted upon the 12 recommendations made by the Youth Parliament. In addition, the team connects with the Strategic Advisory Panel (SAP), which also includes young people and professionals.

There was a project to create care note training for staff with the help of a young person who identified that care notes need to be more readable for young people and their families. The CAMHS team plan to record this training, and the young person is keen to conduct the training in person.

#### Staff recruitment and support

It was great to hear feedback from staff regarding the support they receive when working at the service. They can work flexibly, there is good management support, and there is trust across the service. The team appreciates having access to a duty huddle on Mondays, well-being check-ins, the monthly 'bring and share' lunch and weekly yoga.

#### Access, referral, and assessment

During interviews on the review days, young people and parents/carers shared their satisfaction with the offered assessment appointment times.

The review team was impressed to hear that the CAMHS team has come sufficiently close to the target for waiting times for assessments; the standards set a target of 4 weeks, and service users are waiting an average of 4.6 weeks. During the young person interviews, they advised that they were pleasantly surprised at how quickly they received their first appointment after referral.

Parents/carers also commented that they had experienced a marked improvement in waiting times.

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It was great to confirm that referrals are reviewed on the same day that one nurse in the hub receive them and that there were quick responses from the duty team to young people presenting to the emergency department. This also means urgent cases are seen for their first appointment within 24 hours. The review team recommended that the service consider creating a Standard Operating Procedure to support this process.

Operational policies seen by the review team showed clear pathways and staffing provisions, which allow for assessments to be carried out by an appropriate clinician.

It was good to see that the young people who took the survey agreed that health professionals communicate, avoiding jargon. Staff check that young people and their families understand the purpose of the assessment and possible outcomes as fully as possible before it is conducted.

#### Care and intervention

The reviewers thought the service use of outside space in treatment was inspiring. The CAMHS early intervention team offers the option to join workshops in partnership with Mind Jersey for 'holidays at the beach'. The team can also refer to forest school, Move More, encourage access to Jersey Heritage, and encourage walks in nature as part of self-care when appropriate.

Parents/carers who were interviewed commented on how the service is more recently "amazing" and "excellent."

During the staff interview, it was great to hear that they felt supported with complex cases, with the option of joint working.

#### Information, consent, and confidentiality

It was great to see that there is a chance for young people to give feedback after their sessions via an iPad in the CAMHS reception. The review team recommended that staff keep reminding young people to provide feedback.

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It was reassuring to hear that the young people could see the same staff member for their appointments and that the service would check that they were happy with how things were going with their key worker.

The review team congratulated the CAMHS team on its work to involve service users through participation work in forming the new welcome pack, leaflets, and letters. This commitment to the views of young people really stood out, and it was great to see how passionate the team was about it.

Reviewers noted that the young people interviewed were well-informed regarding transitions and confidentiality.

### Multi-agency working

All the partner agencies interviewed agreed that the CAMHS team is responsive and accessible.

The team has been proactive in sourcing the view advice of service users and has excellent connections with local Jersey mental health charities. It meets regularly with Youthful Minds, a Mind Jersey young person group. It also has meetings with a parents/carers group, "We Believe You Belong," and has collaborated with Autism Jersey neuro-developmental charity.

Agencies were impressed that the CAMHS team kept up its joint weekly meetings during the COVID-19 pandemic.

The Youthful Minds group expressed that the CAMHS staff they have worked with were friendly, open to ideas and communicative.

They have worked together on many projects to provide the young person's perspective, and they were impressed with how open the CAMHS team was to young people's needs and how it thinks carefully about the young person's perspective.

For example, it provided fidget toys for the young people when reviewers interviewed them.

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### Staffing and training

Reviewers were impressed with the creative use of staff and MDT working, where the CAMHS team thought about what staff they needed and how it could best meet that need whilst considering recruitment challenges for certain key positions. They felt the team was also open to agile working and flexible to staff's needs.

It was great to hear that young people from Youthful Minds are included in interview panels for new staff. Panels give the young people time to prepare for these interviews, allow them to go through the questions with staff beforehand and let the young people ask their own questions in the interview.

One partner agency from education commented that some of the staff teams are "worth their weight in gold", with some of their students commenting that some of the teams are amazing.

Staff explained that the entire team is flexible and has a good team culture. This has come about in the past few years with the team's growth and new management. The team now feels that the service is a friendly and welcoming place to work and that there is a positive team working.

The reviewers observed the staff interacting with young people and felt they were treating them respectfully and kindly.

It was good to hear that the management team planned to train more staff to complete physical health assessments in spring 2024.

It was great to see that the team has an action plan to develop or purchase training for all staff in recognising and communicating with young people with cognitive impairment or learning disabilities and aim to deliver it by early summer 2024.



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## Environment and facilities

Reviewers felt that the waiting area and private rooms were clean, comfortable, welcoming, and young-person friendly. The young people surveyed also agreed that the waiting areas were sufficiently spacious and young-person-friendly.

It was good to learn that the alarm system used at the base uses a sound comparable to a telephone ring to not concern the other young people in the waiting area.

CAMHS staff and reviewers felt that seeing good resources and toys at the base was positive.

Reviewers felt that it was good to see that the service has a separate waiting area to ensure the privacy of young people.

The Youthful Minds group felt that the service is so well connected with children's services at the base.

The reviewers liked the style of the waiting room decoration, as well as the painted snake on the floor in the space shared with children's services.

The reviewers liked the emotion cushions, which depicted faces showing a range of emotions to support young people to indicate their mood and feel that the environment was friendly. They also appreciated the small space created for young people who need to retreat to an area with low stimulation.

It was encouraging to hear that the team has ordered emergency medical resuscitation equipment to have on-site and that, in the meantime, the team can access one at the social security building opposite.

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# Main Challenges and Areas of Advice

## Statement of Purpose

The reviewers suggested that the accessible Statement of Purpose for young people could be uploaded to the service website and adapted for those with visual impairment by creating a video. They also recommended that families could access the complete Statement of Purpose via the new website.

When viewing the documents on the day, the Statement of Purpose didn't mention inclusion, ethnicity, culture, or religion.

The Statement of Purpose could also include a section to say how many young people the service is funded to support.

Many of the policies seen by the review team needed to be updated. To ensure that review of policies is followed up, the review team suggested putting together a list of policies, identifying where to find them, who they are reviewed by and the date they need to be reviewed. When a policy is out of date, the team can then contact the owner to chase for the new policy.

The service has received very few complaints in the past year. The review team felt that the complaints procedure needed to be more visible to children and young people, therefore recommend that the procedure is available on the new CAMHS website, presented in a young person friendly way. This is especially important to ensure that lessons learnt are formally fed back to the whole staff team. The reviewers expressed that they did not expect the service, only to receive nine complaints in the last year.

The review team was impressed overall by the young person's Statement of Purpose, though they felt that the full complaints procedure could be added here or to a QR code linking to the website with the full process.

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### Service management and leadership

Standard 2 stipulates that the service should have an annual meeting with all stakeholders to consider topics such as referrals, service development and issues of concern. CAMHS said it will start to undertake annual meetings with stakeholders to discuss referrals, service developments, and issues of concern and reaffirm good practice. It plans to co-ordinate this with the release of its annual report.

There has historically been some dissatisfaction among Islanders with the performance of CAMHS. However, the service has worked hard to change the community's perception. The service reported that it has been challenging to change this perception but has seen an improvement in feedback from young people and their families, reflected in the surveys and feedback heard by the review team. The review team suggested that the team could do outreach work in schools and hold workshops and events, such as an event at the service to mark Mental Health Awareness Day. By integrating further into the community, the CAMHS team could change the perception of the service.

The review team reflected that the new 'Early Intervention' team could be best placed outside the CAMHS remit. This would improve governance and create a better understanding and expectation from young people accessing the service.

The review team suggests that CAMHS creates an easy-to-follow flow chart for accepting a young person into the service, from referral to treatment to discharge, which staff, young people, parents/carers can easily follow.

It was great to hear that CAMHS had undertaken an annual review of records; however, the reviewers felt that for future audits, there needs to be a policy on what takes place once the audit has been completed to complete the audit cycle and ensure follow-up of any discrepancies.

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### Staff recruitment and support

For standards 3.1, and 7.3 the policies reviewed during the inspection needed to be updated. These are Government of Jersey policies, so they are not under the direct remit of the service; however, the review team advised that CAMHS should have oversight of which policies need reviewing.

### Access, referral, and assessment

Families and young people cannot currently make a self-referral to the service, however CAMHS plan to introduce a process for self-referrals as they recognise this can be a valuable way to encourage individuals to actively seek support of services. The service is planning to add the process to the new website which is due to go live in early 2024.

Referrers noted that it is challenging when CAMHS turns away referrals of young people who are 17 and a half years old and felt that the service could be improved with flexibility of taking young people up to the age of 25.

Young people, parents/carers and referrers interviewed commented that the waiting times for ADHD assessments can be long, as it can take six to nine months with no interim offer or resources offered to families. The partner agencies suggested that those young people who are awaiting an ADHD assessment would benefit from a guide and self-help while they wait.

A referrer from a local school advised that some of the CAMHS key workers that care for their students do not attend meetings at the school about young people on their case load. They feel that the key workers would be best placed to lead on this type of meeting and could attend, and if they are unable to attend to send an update on the young person's progress.

Staff interviewed advised that there is an internal waiting list for treatment interventions, which they are working hard to reduce and are offering alternative interventions whilst young people await 1-1 sessions.

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During young person and parent/carer interviews, they commented that they did not receive details about the service, didn't know how to get support and didn't know what to expect whilst waiting for the first appointment. CAMHS should consider further developing and sharing a welcome pack with the young person or providing these to the referrers to hand out when referring into the service.

Parents/carers expressed that they would sometimes struggle to get through to the service on the phone to cancel or rearrange appointments.

Reviewers felt that information around who can help while the young person is waiting for an appointment is not clear. The team could add this information to the referral outcome template, stating where a young person can access leaflets and resources.

The service advised that the data systems are not adequate to review data about the young people who access and use the service; however, they recognise that they should focus on work to address any inequalities of access and plan to develop this area further to improve access for underrepresented communities.

An area for development would be for the team to introduce written communication to the young person in advance of their assessment as standard practice, ensuring that the details provided in standard 4.3 are included in a template.

### Care and intervention

Some young people and parents/carers were unaware that they had a care plan in place, so the CAMHS team could look at reminding staff to revisit the care plan with young people more regularly.

During the young person interviews, they expressed that sometimes they don't feel treated with dignity and respect by some staff, and some of the interventions "made it worse". One referrer advised that some of the students they worked with had commented that some staff were not always very empathetic and felt they were being told off in some instances.

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The CAMHS team should consider either reminding the staff or offering training sessions focused on delivering therapies with an empathetic approach.

The young people mentioned that they felt that changes made to the doctor they saw, and the removal of their medication were not good for them. The CAMHS team should actively include young people in discussions and explanations around these changes in their care.

Currently, only CAMHS clinicians can prescribe medication for their service users. The reviewers highlighted several challenges related to capacity and workload if this arrangement continues for the limited clinicians that prescribe and undertake six monthly medication reviews.

The reviewing team suggested that clinicians be involved in all governance and commissioning meetings to ensure their perspectives are considered in decision-making. Reviewers felt there should be a collaboration with GPs to share the responsibility of prescribing and medication reviews. This would alleviate pressure on the CAMHS clinicians. The reviewing team felt that the CAMHS team may struggle to recruit and retain the clinical roles due to the high workload, level of pressure, and responsibility.

The service is aspiring to 'shared prescribing' as currently, those young people who are prescribed medication for their mental health have to attend the hospital pharmacy, which is closed on weekends. It can also be a long wait at this pharmacy, and it does not offer the option of delivery. E-prescriptions have recently been introduced. However, families must still go to the hospital and take a physical paper copy of a prescription with them when receiving medication that is classed as controlled medications.

The service doesn't have any specific information for parents/carers. An area of development should be producing a Jersey CAMHS-specific parent/carer leaflet in collaboration with a parent/carer participation group.

Reviewers noted that the service is not yet using clinical outcome data to make improvements. This is an area for development over the coming year for which they should follow standard 5.5.

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### Information, consent, and confidentiality

Young people advised that they hadn't received any written or verbal information about their mental health difficulties. Therefore, it would be a development for the service to be clearer with young people on this to ensure that they are aware of their diagnosis and what they can do to alleviate their symptoms. The Royal College of Psychiatrists offers free leaflets on various diagnoses which can be provided to young people.

As identified by the service, the leaflets they produce do not include a date for revision, so this remains an action for the coming year.

When referring to CAMHS, a partner agency explained that it had previously been difficult to refer a 16+ year old without parental consent. The CAMHS team has confirmed that in the future, there are steps in place to ensure that this process changes and a 16+ year old can be referred to the service without consent from their parent/carer. A move to a self-referral process would also support this change.

### Rights and safeguarding

Standard 7.2 stipulates that the safeguarding needs of young people who are looked after are responded to through specific policies and procedures. The review team evaluated the safeguarding policy, which gave an outline of looked after children but didn't specify any procedures as outlined in standard 7.2; this could be an area of development.

### Transfer of care

There is no CAMHS inpatient unit in Jersey, so in the instances when a young person requires an inpatient service, they may have to be referred to a specialist provision in the UK. This is a difficult challenge for the service, the young person, and their family, and has resulted in adult facilities being used on rare occasions. However, the service has proven effective in aiding young individuals who have needed to be referred to the UK.

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The team send the key worker to the UK to visit the young person regularly, and they also utilise a UK based member of staff from the adult mental health team to visit the unit before the young person attends. This staff member ensures they speak with young people staying at the unit to see whether the placement is suitable.

### Multi-agency working

CAMHS offers a range of consultations and training to partner agencies. The review team recommend that a protocol be developed to formalise the process.

Youthful Minds commented that they undertake a lot of work with CAMHS and wondered if there was space for paid roles for their participation. The reviewers felt that the team worked hard on participation, working with Youthful Minds and other charities and advised that the next step would be to create their own 'participation group' and consider hiring paid peer-support workers.

One multi-agency partner commented that there is a cut-off at the hospital for young people over 17 years old presenting to the emergency department. This means they will be seen by the adult mental health services, who don't necessarily have any CAMHS training or experience, but when the young person is 16 years old, the duty team from CAMHS becomes involved in crisis situations. An 18-year-old is still vulnerable, and so the partner thinks that CAMHS should see them at the emergency department. They believe that the service should provide help for young people up to 25 years old.

A school referrer commented that they sometimes don't hear from CAMHS about why young people are not attending school, and it can be difficult to contact some of the team. Communication and updates on a young persons progress could be made clearer for referrers by CAMHS.

The First Practice Model interagency agreement did not specify the roles and responsibilities of the service; therefore, the review team felt that this would need to be added to meet standard 9.2 in future.



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There is currently no protocol in place with local police. This is a recognised area of development.

### Staffing and training

Feedback from a key partner noted that the safeguarding supervision needs to be more regular and structured, and they are keen to provide training for the CAMHS team.

From the feedback received from both young people and parents/carers, it was identified that some staff lacked experience in undertaking their role with the young people. The team could look into additional training for staff to provide consistency in the treatment received by young people and their families.

The reviewers felt the team should undertake safeguarding supervision at least every six months rather than on an ad hoc basis. Supervision should be a reflective strength-based model, and the team needs to look into more training and a formal process.

The reviewers suggested producing a 'one-stop' page for staff, with clear outlines of service processes. This could be provided at the induction stage and during appraisals to remind staff of important processes.

Reviewers noted that the training of staff needs to be more consistent. There is a need for all staff to be accountable for completing their mandatory training. The Registered Manager should have oversight of training compliance.

The service is already working hard to improve the wellbeing of staff. The reviewers suggested that the team continue to build on this.

The service explained that the staffing numbers have never been low enough to have a mechanism for responding to low/unsafe staffing levels. The team should develop an official mechanism to meet standard 10.1 in the future and ensure they are covered for every eventuality.

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The review team recommends that the management staff undertake a level 5 management and leadership course. CAMHS expressed that the registered manager already has training but will take the level 5 training if this does not match the same criteria.

Reviewers felt that the team should triangulate supervision to ensure consistency for each staff member, and the induction process would need to be developed to include CAMHS-specific inductions going forward.

The review team advised that staff members need to receive line management supervision at least monthly, as this is not happening currently.

Fire precaution and Health and Safety were not specified within the training matrix provided by the service, and the review team suggest that managers undertake this.

### Environment and facilities

The reviewers noted that there isn't a board in reception displaying pictures of all staff with their roles and names listed. The CAMHS team advised that some staff don't want their photo taken and displayed in the reception area. The review team advised that it is comforting for some young people to see who works in the office ahead of time and who they would see for their first appointment, alleviating some anxiety. The Youthful Minds group have also suggested adding a 'meet the team' section to the website.

The service's base is easily accessible for people who have mobility issues; however, the disabled parking is limited, as it only has access to two spaces, which are public and therefore cannot be reserved by the team.

Overall, the base receives mixed reviews from visitors. There is some concern around the balcony area as vulnerable young people who attend the base who were interviewed said that they did not like the presence of security at the entrance to the building. Security was brought in by children's services, who share the building and operate on the ground floor.

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Staff feel that the open plan office is too small as there are 70 staff members and 40 chairs, and they think there isn't enough natural light at the base.

The staff team said there needs to be more rooms to see young people.

Reviewers felt that it was an issue that reception staff must take calls in the waiting area, as this could create issues with confidentiality. They suggested that the reception staff allocate one team member to sit in the main office to take external calls so that these conversations aren't being undertaken in front of young people.

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# Partner Agency Feedback

## Agency Number 1 Represented:

### Strengths:

- They kept our weekly meetings during covid.
- The last project that we worked on was the discharge letter project the staff member was very friendly, easy to work with. We went through the letter together, and we said what we needed to change, and they were very open to our ideas, whilst also not pressuring us to provide feedback. We had a few meetings on this project, and we got feedback for the whole group from staff members who were happy with the improvements that we helped to make.
- During the project on the discharge letter, we had to change the language, as it was very clinical. We wanted to try to make it more user friendly as it can be hard for clinicians to see it from user perspective. We tried not to oversimplify the letter but took out the big words. We also personalised the letter and added useful services. We felt that it was important to add that young people could contact the service after they'd left.
- We have been working on the services website, as this was very limited before. The service has been great at giving us an idea of what was going to happen in the project.
- We are included in interview panels for new staff at the service. They give us time to prepare for these interviews, and we arrive a bit beforehand to go through the questions with staff. They let us ask our own questions.
- It is good to have services elsewhere in Gorey and use schools for appointments. As it can be daunting for young people to come to a building they have never visited before. They sometimes see young people in their homes, but we wonder if this would be a problem for confidentiality.
- The team is open to young people's needs and thinks carefully about how to accommodate each young person. For example, it provided fidget toys for this meeting.
- Their service manager has been our main contact and came in every 6 weeks. They have now included other people to visit every 6 weeks so that they can also get involved.
- We are really grateful that they continue to work with us.
- We think that it is great that they are looking for other people's views. Especially when we're involved and can see the kind of people that they are hiring, as it shows that they are open to change.
- We think that it is great to see true participation.
- Referring to CAMHS in the last year has become easier, and it is great to know that the young person will be seen for assessment within 36 days, which is a big change.
- It is great to see the team grow.
- Great that there's going to be an 8am to 8pm service.
- I think that it is great that the referral form is sent back to us to file, and I get an email back for every referral I send.

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## **Challenges:**

- We suggested to include a meet the team section on the website with photographs of staff but are not sure if this has been included.
- Sometimes it is hard for a project to be taken on.
- The base environment gets mixed reviews. As CAMHS is on a higher floor, some people might not want to use the lift and the higher floor can be dangerous, though we think the environment is a lot better than what it was.
- The reception can get quite busy, but it feels more approachable than what it was.
- CAMHS is so busy, getting people to respond can be difficult, as so might be a while for them to come back to us.
- Sometimes projects are suggested and left open, as they have to prioritise working with patients.
- As a referrer, sometimes, after we speak to the duty team, they do not always get back to me on the day.

## **Suggestions for future working:**

- There is a stigma around CAMHS, we want to make sure that it's the best it can be for young people.
- We would like to work with them on a letter for young individuals transitioning to adult services.
- We'd suggest for them to not be afraid to admit that things go wrong, as this can help to see what we can be done better. They are already doing this, so we'd want them to just continue with this.
- We undertake a lot of work with the team and wonder if there is space for paid roles for our participation.

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## **Agency Number 2 Represented:**

### **Strengths:**

- It is good to have contact with the team at different levels and they are very responsive and accessible.
- The duty team is really responsive.
- We have a weekly safeguarding meeting.

### **Challenges:**

- There is a cut off at the hospital for young people over 17 years presenting to the emergency department. This means that they will be seen by the adult mental health services, who don't understand the complexities of working with young people, as they have not been given the right training to deal with this situation. But when the young person is 16 the duty team from CAMHS are involved in crisis situations. An 18-year-old is still vulnerable, and so I think that they should be seen by CAMHS at the emergency department. We think that the service should provide help for young people up to 25 years old.

### **Suggestions for future working:**

- Safeguarding supervision is informal on a scheduled and ad hoc basis. I feel that our contact needs to be more regular and structured, and I am keen to provide training but that has not been organised yet.
- We have had discussions around developing safeguarding supervision.

## **Agency Number 3 Represented:**

### **Strengths:**

- The service has really improved with the additional funding and staff. There is now a very stable workforce.
- When referring through the hub, the access to the team is much better.
- We have also been provided with a list of the team and their contact details.

### **Challenges:**

- It is challenging when the CAMHS service turn away referrals of young people who are 17 and a half years old.

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## **Suggestions for future working:**

- Could they provide a guide for parents/carers of children who are being assessed for ADHD.
- I have brought it to CAMHS that the service should be available to young people up to the age of 25, like it is with early help.

## **Agency Number 4 Represented:**

### **Strengths:**

- I think that some of the staff in the CAMHS team are worth their weight in gold.
- The team are consistent and make themselves available.
- The reception team are good, they're proactive and call back.
- Some students say that the team are amazing.
- The early help team are brilliant.
- The service as a whole has improved dramatically.
- The school nurses have fed back when the young person was seen and diagnosed.

### **Challenges:**

- The waiting times for ADHD are long and we have to manage the expectations of the family. It can be a six to nine month wait, and there is no interim offer or resources.
- I struggle to get hold of some of the team, but the majority of the staff are doing a great job.
- Sometimes we don't hear from the CAMHS team as to why the young person is not attending school.
- Some of our students comment that their therapist has a lack of compassion and say that they feel like they are being told off.
- There is a blur around consent for those young people who are 16 and over. We should be able to send through a referral without consent from the parents.

## **Suggestions for future working:**

- It would be good to know when the team are doing a health assessment in the school.
- Some CAMHS team members don't join meetings about our students that they work with, when we think that they would be best placed to lead these meetings.

# Standard Compliance and Interview Feedback

The next section of the report is split into nine sections. Each section contains feedback from the interviews completed before the review day and the percentage of met criteria per section based on review day scores.

*This section of the report was initially self-rated by the review team before being discussed and reassessed in consultation with peer reviewers from other QNCC member services on the day. The revised scores, also influenced by interview feedback, are shown in the table below and can be found in Appendix 3 in greater detail.*

Section 1: Statement of Purpose

Section 2: Service management and leadership

Section 3: Staff recruitment and support

Section 4: Access, referral and assessment

Section 5: Care and intervention

Section 6: Information, consent and confidentiality

Section 7: Rights and safeguarding

Section 8: Transfer of care

Section 9: Multi-agency working

Section 10: Staffing and training

Section 11: Environment and facilities



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# Statement of Purpose

## Compliance

<b>Number of Standards</b>	<b>Met</b>	<b>Not Met</b>	<b>N/A</b>	<b>Percentage Met</b>
21	17	4	0	80%

# Service management and leadership

## Compliance

Number of Standards	Met	Not Met	N/A	Percentage Met
28	24	2	2	92%

## Interview feedback

### Achievements

#### Comments from Multi-disciplinary staff

- The leadership team have compassion towards staff which means they can then have compassion for young people.
- There is a feeling of safety in leadership and higher management.

#### Comments from Young People

None stated.

#### Comments from Parents/Carers

None stated.

### Challenges

#### Comments from Multi-disciplinary staff

None stated.

#### Comments from Young People

None stated.

#### Comments from Parents/Carers

None stated.

# Staff recruitment and support

## Compliance

Number of Standards	Met	Not Met	N/A	Percentage Met
17	9	4	4	69%

## Interview feedback

### Achievements

#### Comments from Multi-disciplinary staff

- We are able to work flexibly.
- We feel that there is trust across all levels of the service.
- There is good management support.
- Weekly we have a duty huddle on a Monday to check in which we appreciate.
- There are wellbeing check ins where you can take cases of concern.
- We work in the office 90% of the time and there is a 'bring and share' lunch monthly.
- There are wellbeing lunches and yoga every week for staff.

#### Comments from Young People

None stated.

#### Comments from Parents/Carers

None stated.

### Challenges

#### Comments from Multi-disciplinary staff

- We think that the service needs to work on consistency of the service delivery.

#### Comments from Young People

None stated.

# Access, referral, and assessment

## Compliance

Number of Standards	Met	Not Met	N/A	Percentage Met
27	20	7	0	74%

## Interview feedback

### Achievements

#### Comments from Multi-disciplinary staff

- It is quick for families to access the service.
- We like that assessments can be done jointly.

#### Comments from Young People

- We knew what to expect from our first appointment.
- At our first appointment staff checked that we understood the reasons we were there and what might happen next.
- We did not wait very long for our first appointments, and we thought the wait for the appointment would be longer.
- I was able to say if the appointment time didn't work for me.
- I found the location of the appointments easy to get to.
- I feel like I had enough information to feel comfortable enough to go in for my first appointment. Before my appointment the person I was going to meet called me and explained all of this too me which made me feel much more reassured.

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### Comments from Parents/Carers

- Initially the service was really poor, then they were amazing.
- I felt some prejudice from the service but more recently they were excellent.
- I felt there was a definite improvement in wait times for appointments.

## Challenges

### Comments from Multi-disciplinary staff

- We feel that families come with preconceived ideas that we then have to meet, which can be challenging as we are not always able to.
- There is an internal waiting list to help young people. The MDT are working hard to fill this but it usually consists of adding 'cherry on the cake' interventions.

### Comments from Young People

- Before our first appointment we were not given information about the service and what it offers.
- The location of the appointments is not convenient for me and I would prefer it to be closer.
- We did not know how to get support while we were waiting for our first appointments.

### Comments from Parents/Carers

- We did not know what to expect from our children's first appointments.
- There was very little support or resources while our children were waiting for their first appointment and very little support for parents too.
- I feel that the team need to work on their communication.
- I feel there was a real lack of therapy for neuro-diverse service users.

# Care and intervention

## Compliance

Number of Standards	Met	Not Met	N/A	Percentage Met
33	31	2	0	93%

## Interview feedback

### Achievements

#### Comments from Multi-disciplinary staff

- We like the family partnership work that is offered by the service.
- There is the option for families to speak to 'The Hub', who provide programmes that don't need a diagnosis.
- There is supportive and joint working, and there is support with tricky cases.

#### Comments from Young People

- I know I have a care plan in place; it was updated a year ago.
- I was offered a copy of my care plan.
- I was given written information explaining the treatment/intervention options available to me.
- Staff have given us advice on things we can do to help us between appointments.
- Staff have discussed our progress and checked whether we think the treatment is helping to reach our goals.
- We can see the same members of staff for our appointments.
- The service checks whether we are happy with how things are going with our therapists and key workers.
- What really helped is that my therapy was so engaging and creative to make it an enjoyable experience and meant that I looked forward to coming in to CAMHS.

#### Comments from Parents/Carers

- We know there is a care plan in place about our children's treatment.

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## Challenges

### Comments from Multi-disciplinary staff

- It is challenging when there is a difference of opinion with professionals such as psychiatry and sometimes there are uncertainties about formulation in highly complex cases.

### Comments from Young People

- I was not aware that there was a care plan in place about my treatment.
- Staff did not explain the treatment/intervention options available to us.
- There was a change in doctors which was not good for me.
- Some of the stuff the service did make it worse.
- They took our medication away, which we felt we still needed to continue to take.
- I would change everything about my care and treatment.

### Comments from Parents/Carers

- I don't know if there is a care plan in place about my child's treatment.

# Information, consent and confidentiality

## Compliance

Number of Standards	Met	Not Met	N/A	Percentage Met
14	11	3	0	78%

## Interview feedback

### Achievements

#### Comments from Multi-disciplinary staff

None stated.

#### Comments from Young People

- We know which professionals within the CAMHS team that you can see.
- Staff have asked for our agreement to be treated.
- Staff have talked about our right to refuse treatment.
- Staff have explained who will not be told things about us and we know about confidentiality.

#### Comments from Parents/Carers

- The written information received from the service is fine.
- Information about consent has been discussed with us.



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## Challenges

### Comments from Young People

- We were not aware that the service had a website that we could access.
- We were not given any information from the service.
- We have not been offered written and verbal information about our mental health difficulties.

### Comments from Parents/Carers

- We have not been able to access the service's website.
- Staff have not asked me for our agreement for our children to be treated.

# Rights and safeguarding

## Compliance

Number of Standards	Met	Not Met	N/A	Percentage Met
15	12	3	0	80%

## Interview feedback

### Achievements

#### Comments from Multi-disciplinary staff

None stated.

#### Comments from Young People

- We feel that staff treat us with respect and dignity.
- We know what to do if there was a problem with any aspect of our care.
- I went to my school for support, they sent me to a CAMHS worker. There is information on how to make a complaint; there is a poster on the wall.

#### Comments from Parents/Carers

None stated.

### Challenges

#### Comments from Multi-disciplinary staff

None stated.

#### Comments from Young People

- Sometimes I feel like the staff don't treat me with dignity and respect.
- I made a complaint about the service to my school, and I didn't get the response I expected.
- Staff have not explained how we can access additional support if required.

#### Comments from Parents/Carers

None stated.

# Transfer of care

## Compliance

Number of Standards	Met	Not Met	N/A	Percentage Met
14	11	3	0	78%

## Interview feedback

### Achievements

#### Comments from Multi-disciplinary staff

None stated.

#### Comments from Young People

- My transition to leaving the service started 6 months before I turned 18 years old.
- Me leaving CAMHS was talked about well in advance and my key worker made it clear that we didn't have to rush and that this would be when I felt ready. I definitely felt well prepared by the team to leave the service, as we started to see each other less regularly but with the option to come in if I needed, which helped me feel confident having less sessions.

#### Comments from Parents/Carers

None stated.

### Challenges

#### Comments from Multi-disciplinary staff

- The team do try to provide specialist care but sometimes they do need to access specialist beds.

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### **Comments from Young People**

- The service has threatened to keep me there past the age of 18.

### **Comments from Parents/Carers**

None stated.

# Multi-agency working

## Compliance

Number of Standards	Met	Not Met	N/A	Percentage Met
18	13	4	1	77%

## Interview feedback

### Achievements

#### Comments from Multi-disciplinary staff

None stated.

#### Comments from Young People

- When there are multiple agencies involved in our care, and the CAMHS team work together well to manage my care and treatment.

#### Comments from Parents/Carers

None stated.

### Challenges

#### Comments from Young People

None stated.

#### Comments from Parents/Carers

None stated.

# Staffing and training

## Compliance

Number of Standards	Met	Not Met	N/A	Percentage Met
50	39	11	0	78%

## Interview feedback

### Achievements

#### Comments from Multi-disciplinary staff

- The full team are not rigid and are flexible.
- There is a good team culture, which keeps us working here.
- There is positive team working and informal conversations had within our team.
- There is a feeling of containment within our team, and a feeling of being 'held'.
- We feel that there is always someone to go to if we have any questions.
- Before the additional investment into CAMHS it was a small team with limited capacity to support and there was a "light" touch, but now we feel more able to support one another.
- We feel that the team think outside of the box.
- We feel that the team are welcoming and supportive.
- There is a Friday supervision group. We also receive clinical supervision and there are monthly meetings incorporating peer supervision.
- We feel that this is a friendly, welcoming place to work. It's a no brainer working here.

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### Comments from Young People

The service has definitely helped me. I am much less anxious now and know how to manage my symptoms when they are out of my control. Everybody is so welcoming, and I don't feel ashamed anymore to ask for help, as I have learnt that it's not because I'm not broken but, instead, self-improvement.

What helped the most was the staff being so patient and genuinely caring about what I want and what works for me. I felt like they were on my side.

### Comments from Parents/Carers

- Some of the staff are amazing.

## Challenges

### Comments from Multi-disciplinary staff

- It is challenging to form new relationships with staff.
- Recruiting a dietician has proved challenging.

### Comments from Young People

- I feel that the person I see hasn't got enough experience.

### Comments from Parents/Carers

- I encountered some challenges with the service provided by the staff. There were some aspects that weren't what I had hoped for.

# Environment and facilities

## Compliance

Number of Standards	Met	Not Met	N/A	Percentage Met
18	17	1	0	94%

## Interview feedback

### Achievements

#### Comments from Multi-disciplinary staff

- There are good resources, such as toys, at the base.

#### Comments from Young People

None stated.

#### Comments from Parents/Carers

None stated.

### Challenges

#### Comments from Multi-disciplinary staff

- We feel that the open plan office is too small for 70 staff members and 40 chairs. We think that we need somewhere nice to work from.
- We feel that there are not enough rooms to see young people.
- We feel that the base does not have enough natural light and needs windows that open.

#### Comments from Young People

- The place did not feel comfortable and welcoming as we did not like that there are security guards at the front door.

#### Comments from Parents/Carers

None stated.



# Improvement Plan

# Improvement Plan

## AREAS OF IMPROVEMENT

Alongside the suggested recommendations, 12 areas for improvement were identified during this inspection. The table below is the Registered Provider's response to the identified areas of improvement:

<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 1.1</p> <p><b>To be completed by:</b> 6 months</p>	<p>The joint governance arrangement of the service necessitates the need for an agreed and ratified memorandum of understanding to ensure shared responsibility for safe and high-quality service delivery.</p> <p><b>Response of Registered Provider:</b> CAMHS has an existing Memorandum of Understanding in place. This was written and agreed in 2019 and has been reviewed in two high level away days between Directors / Senior Managers of HCS and CYPES in 2021 and 2022. During the Comptroller and Auditor General Review of CAMHS (September 2022) there was recommendation to “Agree, adopt and communicate a Memorandum of Understanding between CYPES and HCS for the governance and operation of CAMHS”. As a result, it is currently being updated by the Director of Adult Mental Health, with updates given at the Children’s Governance Oversight Group (CGOG), attended by Directors / Senior Managers from HCS and CYPES, where oversight of the Governance of CAMHS is maintained. This update to the MOU will be completed and ratified within 6 months.</p>
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<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 1.2</p> <p><b>To be completed by:</b> 12 months from date of inspection</p>	<p>The Registered provider is responsible for ensuring that the CAMHS staff team can easily access policies deemed suitable for the service. Some policies may require compilation or adaption for local use within the CAMHS service.</p> <p>When utilising Government of Jersey policies, the provider must confirm the specific policies in use, ensuring they are officially approved and up to date.</p>
	<p><b>Response of Registered Provider:</b> CAMHS staff have access to a central Microsoft Teams folder featuring relevant policies and local protocols. CAMHS commissioned an independent review of policy compliance in summer 2023 through Law at Work. Work is being concluded to update relevant local policies identified in that review, and CAMHS management have alerted corporate partners of Government policies identified as requiring review.</p>

<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Standard 1.4</p> <p><b>To be completed by:</b> 6 months</p>	<p>A transparent complaints procedure for review was not readily accessible. A clear process outlining how the service handles complaints should be available to those receiving care.</p>
	<p><b>Response of Registered Provider:</b> CAMHS use the Government of Jersey complaints procedure and all complaints are logged on the Customer Feedback Management System (CFMS). Children, young people and families are given information on how to complain, and the service process for handling complaints, in the welcome pack given once the referral has been accepted. We have reminded staff to ensure prompt sharing of welcome packs so people using our services have prompt awareness of the complaints process. We will also devise a child friendly, accessible document to describe how CAMHS handle complaints. This can be added to the welcome pack, placed on a poster in reception, and later added to our website when launched.</p>

<p><b>Area for Improvement 4</b></p> <p><b>Ref:</b> Standard 4.1</p> <p><b>To be completed by:</b> 12 months</p>	<p>At present, young people lack the ability to initiate a self-referral to the service.</p> <p>Facilitating a process for self-referral would be a beneficial approach to motivate individuals to actively seek support from the services. It is recommended to establish a system for those individuals that wish to access the service independently.</p> <p><b>Response of Registered Provider:</b></p> <p>CAMHS are committed to ensuring prompt and robust access to services and will be developing self-referral options as part of this in 2024 (as is detailed in the Children and Young People’s Emotional wellbeing and Mental Health Strategy 2022-2025). There has already been considerable investment in additional open access universal services and in school support, which can be accessed by children / young people through self-referral. CAMHS itself provide a range of services from Early Intervention to specialist treatment, and we need to ensure that interventions are appropriate for the level of need and that in demand service capacity is managed appropriately. We follow the Thrive Model, a framework that outlines the type of support children and young people need. We need to recognise which services are best positioned to meet need and make a distinction between support and treatment to ensure services are allocated that best meet needs. Additionally, caution has been urged by other UK services who the RCPsych inspection team has put us in touch with over self-referral to ‘specialist’ CAMHS services. Concern has also been raised by primary care where it is important that GPs remain central to co-ordination of a child / young person’s health care.</p>
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<p><b>Area for Improvement 5</b></p> <p><b>Ref:</b> Standard 4.3</p> <p><b>To be completed by:</b> 6 months</p>	<p>Children and young people awaiting assessment after being referred to the service did not receive written communication. This communication should encompass details like the professional's name and title, an overview of the assessment process, guidance on reaching out to the team for queries, and information on whom to contact in case of a crisis.</p>
	<p><b>Response of Registered Provider:</b></p> <p>During the inspection process, we provided example evidence of written communication which is shared with children and young people. Depending on the suitability and age of the young person, we aim to write in a way that is accessible yet informative. Our correspondence contains details of CAMHS' staff contact details and we welcome anybody to be in touch with further questions regarding their care. Our Quality and Assurance Manager will review the detail of information provided and update where required. To further this area of improvement, CAMHS invited a young person who previously accessed the service to deliver training to all staff in January 2024 on how we can improve our written communication with children / young people. We are committed to provide helpful accessible information.</p>

<p><b>Area for Improvement 6</b></p> <p><b>Ref;</b> Standard 5.2</p> <p><b>To be completed by:</b> 12 months</p>	<p>Presently, only CAMHS clinicians are authorised to prescribe medication for their service users. This has a considerable impact on the capacity and workload of the clinicians responsible for prescribing. It is acknowledged that this model is not sustainable, and collaboration with local GP services is necessary to share the responsibility of prescribing.</p> <p><b>Response of Registered Provider:</b></p> <p>The prescribing of controlled medication is a law issue in Jersey and whilst we would be keen to see shared prescribing of ADHD medication in place, this is outside of our CAMHS control as an improvement stipulation. This change in prescribing would require Pharmaceutical Benefits Advisory Committee (PBAC) and later Minister for Social Security approval, adding medication to the approved white list on the Health Insurance Fund (CLS responsibility). It would further require development of shared care guidelines and GP agreement / finance. We believe this is not an improvement area CAMHS can control the delivery of. That said CAMHS have supported an application for shared prescribing being presented to PBAC on 7<sup>th</sup> February 2024. CAMHS have also supported the development of shared prescribing guidelines should PBAC and the Minister approve this initiative with the agreement of GPs.</p>
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<p><b>Area for Improvement 7</b></p> <p><b>Ref:</b> Standard 5.4</p> <p><b>To be completed by:</b> 12 months</p>	<p>Children, young people, and their parents/cares who access the service should receive additional information, which could be included within the welcome pack. This package encompasses details on various aspects such as assessment procedures, waiting times, expected outcomes, and available treatment options.</p> <p><b>Response of Registered Provider:</b></p> <p>All children, young people and families referred for an ND assessment are invited to a welcome session hosted by service manager (monthly) that describes and explains the assessment process and provides accessible information on the service. All children, young people and their families referred for an ND assessment receive a detailed and accessible welcome pack with QR codes for ease of download.</p> <p>All children, young people and families referred to CAMHS for Mental Health treatment receive an accessible welcome pack with detailed information.</p> <p>Our Quality and Assurance Manager will review information provided as part of our commitment to provide robust, accessible and detailed information to people using our service.</p>
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<p><b>Area for Improvement 8</b></p> <p><b>Ref:</b> Standard 5.5</p> <p><b>To be completed by:</b> 12 months</p>	<p>Clinical outcome data is not currently employed to enhance the service. The inspection has identified the need for improvement in data collection, and there's a recognition that data systems should be enhanced to better support the improvement of understanding waiting times for treatment and outcomes.</p>
	<p><b>Response of Registered Provider:</b></p> <p>CAMHS has worked with the Children's Outcome Research Consortium (CORC) to introduce performance and feedback measures as was discussed during the inspection and results shared (for example, we provided inspectors with a summary of the Experience of Service Questionnaires results in 2023 (ESQ), not referenced in the report). The 2023 annual CAMHS report will describe a summary of these performance measures and how they will influence 2024 service goals. The service has made good progress with developing data and performance monitoring systems in 2023. CAMHS has also worked hard with informatics, appointing a dedicated CAMHS data analyst in 2022, to develop dashboards to monitor case lists and waiting times, amongst other helpful data monitoring aspects that contribute to analysis of our work and inform areas for service improvement.</p>



<p><b>Area for Improvement 9</b></p> <p><b>Ref:</b> Standard 9.2</p> <p><b>To be completed by:</b> 12 months</p>	<p>There is presently no established protocol with the local police, so a protocol needs to be developed.</p> <hr/> <p><b>Response of Registered Provider:</b></p> <p>In the current Children’s Improvement Plan workstream we are reviewing working protocols with police and can ensure this is developed in this workstream. We have good current working arrangements with the police. Police sit in the multi-agency Children and Families Hub where all CAMHS referrals are received and triaged. The police have a role in the multi-agency Jersey Safeguarding Partnership Board alongside CYPES. Police attend multi-agency strategy meetings. We have worked with police colleagues on specific plans around young people. In regard to the mental health law, there is a monthly “Mental Health and Capacity Legislation Oversight” that CAMHS and the police attend to review any use of mental health law including Article 36’s.</p>
<p><b>Area for Improvement 10</b></p> <p><b>Ref:</b> Standard 10.4</p> <p><b>To be completed by:</b> 6 months</p>	<p>The staff team lacks a formal localised process for learning from serious untoward incidents and addressing complaints.</p> <p>There should be a flow chart or process in place so that all staff are aware of complaints and the lessons learnt from these.</p> <p>There should also be a flow chart or process in place so that all staff are aware of lessons learnt.</p> <hr/> <p><b>Response of Registered Provider:</b></p> <p>CAMHS does have a formalised local process for learning from serious untoward incidents and addressing complaints. This was all provided to the inspection team on 17<sup>th</sup> November 2023 by email including the flow chart and localised and service policy.</p>

<p><b>Area for Improvement 11</b></p> <p><b>Ref:</b> Standard 10.5</p> <p><b>To be completed by:</b> 12 months</p>	<p>Inconsistencies were identified in staff training. The senior leadership team should provide transparent oversight of training to ensure that all staff members adhere to mandatory and essential training requirements.</p>
	<p><b>Response of Registered Provider:</b></p> <p>All mandatory and statutory staff training is clearly detailed and monitored by the Quality and Assurance Manager and CAMHS Management Team (electronically through My View, now Connect reports). CAMHS provided a substantial amount of additional staff training in 2023 to ensure robust support for staff in key service areas. We feel our training oversight and commitment to our staff in this area is a significant strength. With the change in recording systems staff completion of Fire Precaution and Health and Safety training was not reported to inspectors; a more detailed training matrix that includes these courses will be available for future inspections.</p>

<p><b>Area for Improvement 12</b></p> <p><b>Ref:</b> Standard 11.2</p> <p><b>To be completed by:</b> 6 months</p>	<p>Reception staff handle incoming calls in the reception area, where discussions involving sensitive information may occur over the phone. The open-plan design of the reception and waiting areas could compromise confidentiality. This should be reviewed, and a different way of working should be implemented.</p>
	<p><b>Response of Registered Provider:</b></p> <p>Our reception staff do answer phone calls but are clear not to verbalise any identifying information. This has been reiterated since the inspection. Any detailed or potentially sensitive calls will be transferred to back office administrative staff or the involved CAMHS clinician. Physically enclosing our reception behind screens would, we believe, impact the warm and open environment children, young people and families receive. We are additionally adding background music to the waiting area to provide some cover for conversation whilst also needing to be mindful of sensory sensitivities some of our children, young people and families may experience.</p>

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of the Care Commission during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.



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