Humber Teaching
NHS Foundation Trust

STANDARD OPERATING PROCEDURE HUMBER CHILDREN'S AND YOUNG PEOPLE'S SPECIALIST MENTAL HEALTH SERVICE (CORE CAMHS) - WAITING LIST AND WAITING TIMES

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VALIDITY – All local SOPS should be accessed via the Trust intranet

CHANGE RECORD

Version	Date	Change details
1.0	*June 2023*	*New SOP developed specifically for Humber Core CAMHS developed from SOP22-001 to reflect service developments and processes specific to this team. Approved at Divisional Governance meeting (22 June 2023).*

Contents

1. INTRODUCTION

This standard operating procedure to is specific to the Core CAMHS teams which form part of Humber Children's and Young People's Specialist Mental Health Services. It should be used in conjunction with the Humber Foundation Trust Waiting List and Waiting Times Policy

2. SCOPE

This standard operating procedure sets out how the Core CAMHS team receives referrals and the management of these from referral through to intervention.

3. DUTIES AND RESPONSIBILITIES

Service/Operational Manager
Responsible for the implementation of the Waiting List and Waiting Times Standard Operating Procedure.

Responsible for reviewing the waiting list on a **WEEKLY** basis to provide assurance regarding the validity of information and effective implementation of the Standard Operating Procedure, and to ensure completion of the waiting list audit. This review will be undertaken in the weekly Team leads meeting.

Responsible for the completion of the Contract Exception Report provided to the NHS Humber and North Yorkshire Integrated Care Board (ICB).

Clinical Team Leaders
Responsible for managing the waiting list, to ensure clinical priorities are managed and consideration is given to any potential safeguarding issues. Cases should be allocated equitably.

To attend a weekly waiting list meeting with the Service/Operational Manager.

Clinical Lead, Duty and Assessment Practitioners
Responsible for overseeing the waiting list on a **DAILY** basis in order to respond to any cases flagged through the duty system as requiring review due to a reported change in presentation . They will ensure any clinical priorities are reviewed and escalated to the Clinical Team Leader for them to manage as required.

All clinical staff
Ensure that all clinical contacts are completed and inputted onto Lorenzo which includes outcoming all diary appointments upon completion.
All staff should ensure emergent safeguarding issues are identified and responses provided in line with Trust safeguarding procedures.

Any change in clinical priority following assessment will be communicated to the administrative team via Tasks to facilitate updating on Lorenzo. This will be monitored via dedicated administrative support

To update the administrative team about any change in the young person's journey via Tasks. This includes allocation to caseloads, details of first treatment appointments, any work requests regarding correspondence needing to be sent, allocate to caseload and any changes to priority response.

Administrative Staff
Responsible for reviewing Tasks on a daily basis. Responsible for accepting referrals, creating access plan on Lorenzo and updating narratives in the comments box as per instructions received via Tasks.

Responsible for the sending of correspondence as requested by the clinical team.

Responsible for producing and updating weekly performance reports which feed into the weekly Team Leads meeting to facilitate oversight of the waiting list.

4. PROCEDURE

4.1. Referral Criteria

Core CAMHS accept referrals for children and young people who are registered with a Hull or East Ridings GP. Consent for the referral must be obtained from the person with parental responsibility and/or the young person dependent upon consideration of age, competence, capacity, risk and safeguarding.

The service accepts new referrals for assessment and/or intervention for children and young people up to the age of 18 who meet the clinical threshold for specialist Core CAMHS. Referrals to this team are considered in relation to mental health conditions when they are deemed to be moderate to severe in presentation. These include:

- Anxiety
- Low mood
- Trauma
- Emotional Dysregulation
- Early onset psychosis (medical intervention only)

In addition to the child/young person's clinical presentation, decision-making regarding the acceptance of referrals takes various other factors into consideration. These include severity and duration of presenting concerns, resilience and risk, and the impact on day-to-day functioning.

The following criteria are applied to determine severity of reported difficulties

- A child/young person is considered to have moderate mental health difficulties when these make their daily life much more difficult than usual, are present in more than one context and they have not responded to early intervention
- A child or young person is considered to have severe mental health difficulties when they present with numerous symptoms that impact on multiple aspects of their day-to-day life and functioning to the extent that they are unable to participate in

developmentally appropriate activities, these have not responded to early intervention and who require a much higher level of supervision to maintain safety and manage self-care.

In practice the term '*moderate to severe'* means that the mental health difficulties reported result in significant distress to the child/young person and have a significant impact on their day-to-day life to the extent that their ability to function as typically expected is limited.

Assessment of this would take account of both individual and contextual factors such as developmental considerations, family relationships, school and learning, peers, and leisure. These would consequently be reflected in a shared understanding or formulation that is developed with the child/young person and their carers which would then underpin any interventions to be offered.

4.2. Exceptions

The following factors are taken into consideration to support decision-making regarding the non-acceptance of referrals:

- Reported and observed difficulties not indicative of moderate to severe mental health difficulties as defined above
- Where early intervention at universal level has been offered and either not engaged with or where sufficient time for this intervention to take effect has not elapsed
- When it is determined that another service is better placed to address the primary needs of the child or young person such as Social Care or a more specialised mental health service with a more focused remit e.g. Children's Learning Disability, Long-Term Health Conditions, Eating Disorders, Looked After Children Team etc. This will be agreed through a process of consultation, liaison and signposting as required.
- Where specialist assessments and interventions are requested for the sole purpose of compiling legal reports
- Where difficulties are considered to be primarily related to educational functioning, neurological conditions, social factors, behavioural difficulties or an understandable response to a recent significant life event.

4.3. Referral Process

Please refer to Appendix A for more detailed summaries of the referral processes referred to in this section.

Referrals deemed to meet the criteria for Core CAMHS as detailed above are accepted from:

All professionals, parents and carers, and young people over the age of 16 via CAMHS Contact Point: Contact Point to ensure that consent has been given by the. young person and/or their parent/carer as appropriate with due consideration of competence, capacity, risk and safeguarding. Further information regarding young people and consent to treatment can be accessed here: Consent to treatment - Children and young people – NHS

Part of confirming consent for the referral will include consent for letters to be shared with universal services such as GP and school nursing. It should be noted however that information-sharing is not dependent upon consent being given where any risks or safeguarding concerns have been identified.

Internal referrals directly from:

- CAMHS Early Intervention Service (SMASH, MHST and Hull Children's Wellbeing Practitioner team)
- Acute CAMHS teams (Crisis and Intensive Home Treatment Team)
- CAMHS Eating Disorders Service
- Hull and East Ridings CAMHS Looked After Children (LAC) teams
- Children's Neurodiversity Service
- Psypher
- Forensic CAMHS
- Perinatal Mental Health Team
- Mental Health Liaison Service (MHLS) and the
- Youth Offending Team (YOT) via internal CAMHS practitioners

The referral processes for each of these teams are detailed in Appendix A in addition to details of any service-level agreements in relation to joint working that are in place.

Out of area referrals are processed via Contact Point to ensure that the child/young person is registered with a locality GP in the first instance and to determine which part of the CAMHS system needs to respond to the request for support.

Crisis referrals or requests for review appointments following an out of hours assessment at hospital are directed to the CAMHS Crisis team in the first instance. For cases open to Core CAMHS, liaison is required between any other service involved in these instances and the Core CAMHS allocated clinicians (or the duty clinician in their absence) to agree an appropriate plan of support in recognition of possible escalating needs.

All referrals triaged by Contact Point and deemed appropriate for Core CAMHS are processed and recommendations regarding priority of allocation reviewed at a weekly referrals meeting. Referrals deemed as requiring a routine response typically refer to those categorised as having 'moderate' mental health difficulties while referrals requiring an urgent response typically refer to those categorised as having 'severe' mental health difficulties.

Once reviewed, the rationale for priority of response will be documented in the communication section of the young person's electronic record. Complex cases may be taken to a multidisciplinary team meeting for further consideration and planning in relation to needs.

Both routine and urgent referrals are placed on a 'Pending' access plan to await assessment. The waiting time for this is determined by the priority given at the point of review at the weekly referral meeting. Please see the following section for further details regarding the management of routine and urgent referrals while awaiting assessment and/or intervention from Core CAMHS.

For routine referrals, the administrative team will send acceptance letters to young people, their parents/carers and referrers with service leaflet and any signposting information deemed appropriate enclosed.

For urgent referrals, administrative staff will send out appointment letters as instructed by the Clinical Lead, Duty and Assessment practitioners. This will include the consent form (electronic), privacy notice, Trust information regarding Covid-19 and the appropriate routine outcome measure. For telephone or digital appointments, a stamped addressed envelope will be included for the return of consent and outcome measures.

5. WAITING LIST MANAGEMENT

Waiting lists are overseen by the Clinical Team Leaders who report to the Service/Operational Manager on a weekly basis via the Team Leads meeting. This process is informed by the Lorenzo access plan reports and Dashboard performance report produced and updated by the administrative team.

5.1. Pre-Assessment Monitoring

The aim of the team is to allocate urgent referrals immediately for assessment to manage and mitigate risk. This is not always possible however at times of increased demand In this instance, the Clinical Lead, Duty and Assessment practitioners will book the young person into the next available assessment slot and will review the referral information in the interim to formulate a support plan which will include management of risk while awaiting input. Contact will be made with the young person and/or their carers as appropriate to review needs, share this interim support plan and action any steps in response to emergent/escalating needs as required. Please see Section 7 of this document for further information regarding duty processes for open cases.

If there is no response to attempts made by the practitioners to make contact, a letter will be sent to ask the young person and/or their carer to make contact with the team. Documentation to be updated and recorded in a timely manner in relation to this activity.

5.2. Post-Assessment Process

Following assessment and the development of a clear formulation and safety plan, the assessing clinician will determine follow-up arrangements which may include routine allocation, urgent allocation and/or review by the team in cases where risks are deemed to be of a significant concern or the level of distress exhibited by the child/young person is a key concern.

The assessing clinician will flag any such cases to the attention of the Clinical Lead, Duty and Assessment practitioner who will then discuss the case at a multi-disciplinary team meeting for team awareness and to facilitate joint decision-making regarding next steps to be taken.

The Clinical Lead, Duty and Assessment practitioner will update the young person and/or their carers regarding any revised plans from the MDT and a record kept of this on Lorenzo. Expectations and requirements for the support network around the young person, including

carers, must be clearly communicated with those involved in supporting the young person and documented in the safety plan. This must include clearly communicated expectation that those supporting the young person must report any escalation in concerns and risk through the Core CAMHS duty system, contact details of which must be communicated in all correspondence.

The Clinical Lead, Duty and Assessment practitioner will communicate any escalation in presentation raised through the duty system to the Clinical Team Leader to trigger a review of the safety plan in place as required.

5.3. Contingency Planning

Where procedures in this SOP are unable to be met at any stage, all staff are responsible for raising this to facilitate the necessary review and actions to take place. Any such instances should be discussed in the team meeting, reported through the Datix system and consideration given to whether addition to the risk register may be required in relation to recurrent issues of non-compliance. A plan to mitigate risks should be made and escalated to the team lead, the service/operational manager and the general manager/divisional clinical lead with outcomes fed back to the team.

6. MANAGEMENT OF APPOINTMENTS

6.1. Initial Appointments

Routine initial assessments are allocated to pre-booked slots. The administrative team will then generate an appointment letter sending this to the young person and their parent/carers as appropriate with a copy being sent to the referrer and any other professional where consent has been given to include or deemed necessary in response to identified clinical risk/safeguarding. Urgent initial assessments will be booked into the next available slot as close to the point of referral as possible and the details of this will be communicated to the young person and/or their parent/carers (as appropriate) by telephone.

The team endeavours to be as flexible as possible to offer initial assessments in a variety of settings that optimise accessibility and engagement for the young person and those supporting them to attend. This includes the mode of assessment, such as telephone and online appointments. Appropriate venues within the community can also be considered such as the young person's home or school where it has been assessed as safe to do so.

6.2. Appointments cancelled by the service

If the service cancels an appointment, every effort will be made to rearrange the appointment as soon as possible in discussion with the young person and those supporting them by telephone or by letter where it has not been possible to reach them by phone. The team will make every effort to provide as much notice as possible when an appointment needs to be cancelled and will explore all possible options for preventing the need for this/re-arranging in as timely a fashion as possible.

The safety of the service user is paramount to all decision-making. Consideration must be given about who needs to be made aware that this appointment has been cancelled in case they need to review and update any safety management plans that may need to be amended in view of the cancelled appointment. Updated arrangements for the

appointment and any changes to the support plan including safety management must be documented in the patient's clinical record.

6.3. Appointments cancelled by service users

If a young person and/or their carers cancel an appointment, clarity should be obtained on whether the service is still required. If not, the referral will be discharged in consultation with the referrer and service-users. If a further appointment is required, every effort will be made to offer a convenient alternative. The Clinical Lead, Duty and Assessment practitioner or assessing clinician will determine whether it is safe and appropriate to downgrade an urgent referral to a routine response in the event of a service user cancelling an appointment and clearly document their rationale in the communication section on Lorenzo.

If a young person and/or their carers cancel more than one appointment, then a discussion will take place with them as to any reasonable adjustments that need to be made to support attendance. Where the young person is reluctant to attend but the family have significant concerns, an appointment without the young person being present should be considered. Discussion should also be undertaken as to whether the young person and/or their carers have changed their mind about engaging with services and whether discharge to the GP is appropriate with the option to re-refer in the future as needed. If this is the decision, the GP, school nurse and referrer if different will be informed that the referral has been closed.

6.4. Missed Appointments ('Was Not Brought' and 'Did Not Attend')

If a service user fails to attend for an appointment, the assessing clinician will revise risk and decide on a response. Where deemed safe to do so (i.e. in routine cases), a letter will be sent out inviting contact within seven days from the date of the letter to re-arrange or advise if needs are on-going. Should a response not be forthcoming the referral will be discharged. The discharge letter to the service user and/or their carers will advise how to re-refer as required and routes to safety, including contact numbers for Contact Point and the CAMHS Crisis Team.

This letter will be copied to the GP, school nurse, social worker if applicable and referrer if different where consent to do so has previously been confirmed and/or with due consideration to any risk/safeguarding issues. The assessing clinician should refer to the Trust Safeguarding Policy in relation to any such decisions.

If a service user fails to attend for an appointment and the deemed risks are high (i.e. where urgent assessment has been offered), efforts will initially be made to contact the young person and/or their carers by telephone. Where the young person has self-referred or is over 16 years of age, contact will be made with a person who holds parental responsibility and/or the referrer/GP to inform them of the missed appointment and agree next steps to be taken.

Depending on the specific circumstances, consideration needs to be given to liaison with Social Care if applicable, CAMHS Crisis team and/or the police should a welfare visit be deemed necessary. Consideration should also be given to escalating to the Trust Safeguarding team. The referral may need to be discussed with a manager or senior member of the clinical team.

The Clinical Lead, Duty and Assessment practitioners will take responsibility for any contact required after the allotted assessment slot has passed or in the event that the young person/carers make contact to discuss on-going needs.

7. MANAGEMENT OF CLINICAL RISK AND ESCALATION

Waiting times are monitored via Lorenzo report manager on a weekly basis. Exception reporting is completed for young people waiting over 18 weeks and submitted to the NHS Humber and North Yorkshire ICB with a waiting list action plan. The General Manager and divisional Clinical Lead are kept informed about waiting times through monthly service delivery meetings with the Service/Operational Manager.

The weekly waiting list meetings will be held to ensure that the 18-week target is being adhered to. Where the waiting times for appointments exceeds 18 weeks for a sustained period of time, a service review will be completed and, if required, the service will be placed on the appropriate Trust risk register.

7.1. Duty Process for Open Cases

Calls made to the Core CAMHS team in relation to concerns about escalating risk are only processed by the team for open cases. For all other cases not known to the team, calls are signposted to either Contact Point or the CAMHS Crisis team as required.

For calls received in relation to cases open to the Core CAMHS team, the following process is followed:

- Details of call passed to allocated clinician if they are in work
- If the allocated clinician is not in work for any reason, details of the call are passed to the Duty clinician via Task function on Lorenzo
- Duty clinician to review information and implement risk assessment and management plan as required to liaise with CAMHS Crisis team as required to determine which team is best placed to respond to concerns raised
- For cases that are only open to a Consultant Psychiatrist, the duty clinician will liaise with the medical secretary to inform of duty call and make contact with the young person/family as appropriate to review needs and current risk
- For calls received from the Police to advise of a young person open to the Core CAMHS team being at the 136 Suite, the Duty clinician will liaise with the CAMHS Crisis team to ensure the necessary teams are aware that an assessment is required
- In the event of a young person calling the Core CAMHS duty system in distress, every effort will be made to identify a clinician to take the call or ensure that the call is returned as soon as possible within the same working day to review needs and agree a support plan as needed.

APPENDIX A - Core CAMHS Referral Process

1. Referrals via Contact Point

To submit a referral to the Core CAMHS duty system for processing, Contact Point staff are required to:

- Complete an internal Referral Form (linked and coded) on Lorenzo to East Ridings or Hull Core CAMHS team
- Consent to be sought from young person and/or person with parental responsibility as appropriate
- Specify priority status as part of referral (i.e. either 'routine' or 'urgent').
- Complete a triage form which includes the following information:
  - Details of moderate to severe mental health difficulties
  - Details of any routine outcome measures completed in support of the referral
  - Demographic information to include contact information (phone numbers, email address and who these belong to), next of kin, who has parental responsibility and legal status
  - Which school they attend and main school contact
  - Names and contact details for any professionals involved including Social Worker as applicable

In any cases where there is insufficient information on the triage form to process the referral or the referral is not felt to be indicative of moderate to severe mental health difficulties, the referral process will be paused to allow Clinical Team Leaders from Contact Point and the respective Core CAMHS team to liaise and agree best next steps. This process will be audited to enable trends to be identified and addressed as needed.

For those referrals deemed to contain all necessary information, the Core CAMHS Duty clinician will undertake the following steps:

- Review referral information and priority status (i.e. 'routine' or 'urgent')
- Contact the young person and/or carer(s) for more information as required
- Discuss with the multi-disciplinary team as needed
- For referrals deemed to be **routine:**
  - Place on assessment waiting list for routine assessment/consultation as clinically indicated
- For referrals deemed to be **urgent:**
  - Book in an urgent assessment/consultation
  - Liaise with the CAMHS Crisis team to discuss any concerns about the immediacy of the risk to determine if a timelier response is required than can be accommodated through an urgent assessment/consultation
  - Depending upon the outcome of the step above, contact the young person and carer(s) to agree next steps and an interim safety plan until next contact occurs

Send the Administrative team a Task to accept the referral and send an appointment/waiting list letter (dependent upon priority status) which includes self-help information

1.1 Out of Area Referrals

Any referrals made for children or young people moving into area by their original locality services are processed through Contact Point as follows:

- Contact Point staff ensure that all cases referred are registered with a Hull or East Ridings GP
- In the case of referrals received from an out of area crisis team, Contact Point staff to liaise with Clinical Leads from CAMHS Crisis team and Core CAMHS to determine most appropriate plan for support based on clinical presentation and risk
- Referral logged by Contact Point who then make an internal referral on Lorenzo (linked and coded) to Hull or East Ridings Core CAMHS team as required

The Core CAMHS duty clinician will then undertake the following upon receipt of any such referral:

- Review referral information and advise Contact Point regarding acceptance of this
- Allocate to a treatment access plan or discuss with the multidisciplinary team if required to inform this decision
- Speak with young person and/or carer(s) or book in for a review appointment as required to gather any information to required to inform referral process
- Hold by Duty and monitor / manage risk as required
- Send Administrative team Task to accept referral
- Book in for review appointment with appropriate clinician and task admin to send out appointment letter

For out of area looked after children's referrals, the process remains as above, including letter to be sent to the commissioners of the child's commissioning health authority, requesting funding for treatment. Once confirmation received, contact to be made with the Head of Contracting and Procurement for contract to be set up to allow for payment.

2. Referrals from Trust Services

2.1 Internal Referrals from the Children's Division

This section applies to referrals made to Core CAMHS from the Children's Neurodiversity Service in addition to other parts of the Humber CAMHS system, including:

- CAMHS Early Intervention Service
- CAMHS Eating Disorders Service
- Acute CAMHS (Crisis and Intensive Home Treatment teams)
- CAMHS Looked After Children Teams

If any of these services have determined that a child or young person has moderate to severe mental health difficulties that require input from Core CAMHS, they are required to complete the following steps to submit a referral:

- Completed all necessary assessment paperwork specific to their service and remit which will facilitate identification of outstanding mental health need that necessitates input from Core CAMHS

- Gain consent from the young person being referred and the person with parental responsibility as appropriate
- Create an internal referral on Lorenzo (coded) or seek referral via Contact Point where consultation only has taken place to date
- Provide all necessary demographic information required to enable processing of referral (please see section above for details)
- Complete an up-to-date risk assessment as standard and a safety plan as required
- Include any completed routine outcome measures which support the current referral
- Give due consideration to the timeliness of transferring care to another team depending on the necessity of their team/service to complete any outstanding assessments and/or interventions in the first instance (liaison with Core CAMHS to facilitate this planning with possibility of joint working to be considered)
- Allocation & Transfer Form to be completed by the referring team once the referral has been accepted, to reflect a clear agreed transfer of care plan including timescales for this

The Core CAMHS Duty clinician for the relevant team will complete the following steps in order to process the referral received:

- Review referral information
- Discuss referral with referring team or with the multidisciplinary team as required while referral is in process
- In the event of an accepted referral, accept the Allocation and Transfer Form as an accurate record of the plan jointly agreed
- Allocate to a Treatment Access Plan
- Book in for a review assessment appointment if clinically indicated
- Speak with the young person/carer(s) as required to review current needs, update on the plan agreed and agree an interim safety plan as required
- Case to be held by the Duty clinician to monitor/manage risk as required until case is allocated
- Send Administrative staff a Task to accept referral and send an appointment letter as required

2.2 Referrals from Hull and East Riding Youth Offending Service (YOS)

CAMHS clinicians working into this service can make internal referrals following the same process detailed above where it is determined that a young person is experiencing moderate to severe mental health difficulties that are beyond the remit of the YOS to meet. The only addition to the above process is that:

- Where the young person remains on an order, the YOS practitioner will retain keyworker responsibilities

2.3 Referrals from Other Trust Services

This section pertains to Trusts service which provide input to young people aged under 18 years that sit outside of the Children and Learning Disability Division. These include:

- The Mental Health Liaison Service (MHLS)
- Hull and East Riding Perinatal Mental Health Service
- Forensic CAMHS

- Psypher

For all of these teams, the process for making a referral to Core CAMHS is the same as the process detailed above for other CAMHS teams within the Trust with the following exceptions:

- Case must be discharged from the **MHLS** before a referral to Core CAMHS can be progressed
- There is an expectation that cases referred by the P**erinatal Mental Health Team**, P**sypher** and F**CAMHS** will be jointly held while criteria for the referring team continues to be met
- **All these teams** to request a referral be made on Lorenzo via Contact Point

Allocate to a medic access plan unless **Psypher/FCAMHS** are no longer offering intervention where it will be allocated to a treatment access plan or discussed in MDT