

## SERVICE SPECIFICATIONS

<b>Service Specification No.</b>	<b>01/MRFH/0005</b>
<b>Service</b>	<b>Pan Dorset Tier 2 Child and Adolescent Mental Health Services (CAMHS)</b>
<b>Commissioner Lead</b>	<b>Clinical Commissioning Programme for Maternal, Reproductive and Family Health</b>
<b>Provider Lead</b>	<b>Director of Children &amp; Young People Services</b>
<b>Period</b>	<b>1<sup>st</sup> April 2013 to 31<sup>st</sup> March 2014</b>
<b>Date of Review</b>	<b>March 2014</b>

### 1. Population Needs

#### 1.1 National/local context and evidence base

##### 1.1.1 National Strategic Context

**The National Service Framework for Children, Young People and Maternity Services (DH, 2004)** established standards relating to mental health and psychological well-being of children and young people. Standard Nine placed a clear responsibility for services to provide a range of interventions to support children and adolescents and to arrange appropriate transition to adult services.

**Healthy Lives, Healthy People: Our strategy for public health in England (DH, 2010)** aims to intensify the focus on early intervention and the prevention of both physical any mental illness.

**Achieving Equity and Excellence for Children (DH, 2010)** sets out the Government's approach to achieve the key aims of putting children, young people and their families first and improving outcomes for children and young people.

**Healthy Lives, Brighter Futures (DH/DCSF 2008)** is the long-term strategy to improve health outcomes for all children and young people from pre-birth to age 19 years which builds on a range of national policies and targets. It emphasises the importance of good mental health on a wide range of outcomes for children and young people and refers to a range of earlier guidance.

**Healthy Child Programme (DH, 2009)** focuses on a universal preventative service, providing families with a programme of screening, immunisation, health and development reviews, supplemented by advice around health, wellbeing and parenting.

**The Children's Act (2004)** provides the legislative framework for the development of Children's Trusts whose overall aim is to encourage integrated planning, commissioning and delivery of services.

**Working Together to Safeguard Children (2010)** and the Local Safeguarding Children Board Inter-agency Procedures.

**No Health Without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages (2011)** identifies key areas to improve the emotional well-being and mental health of children and young people. These include a focus on early intervention and the role of early year's support, schools and family intervention, the development of talking therapies for children and young people and the provision of multi-systemic interventions. It aims to support the improvement of transition, the skills and competencies of the workforce, experience of services and development of PbR for CAMHS.

**The Operating Framework for the NHS in England 2008/09** identifies Vital Signs Indicators that should be present in a comprehensive CAMH Services. These are:

- Full range of CAMH Services for all children and young people with learning disabilities;

- All services for 16 and 17 year olds are available
- 24 hour cover is available to meet urgent mental health needs
- Full range of early intervention support services are delivered in a universal setting

**Children and young people in mind: the final report of the National CAMHS Review (DH 2008)** reviewed the progress of CAMHS since 2004 and suggested three fundamental changes were necessary:

- Everybody needs to recognise and act upon the contribution they make to supporting children's mental health and psychological well-being;
- Local areas need to understand the needs of children and young people;
- The whole of the children's workforce needs to be appropriately trained.

**Keeping Children and Young People in Mind (DCSF, 2010)** – The Government's response to the independent review of CAMHS.

**Promoting the emotional health of children and young people (DCSF 2010)** - this sets out guidance for Children's Trust partnerships with the aim of developing a strategic approach to improving the emotional health of children and young people;

**The Operating Framework for the NHS in England 2012/13** includes the focus to improve access to CAMHS and ensure that services offer targeted support for children and young people at particular risk of developing mental health problems, such as looked after children.

**Parenting and Family Support: Guidance for Local Authorities in England (DCSF, 2010)** considers the case for supporting families and parents and identifies the impact that effective parenting and strong family functioning can have on children.

**Every Parent Matters (DfES, 2007)** recognised the important role of parents in shaping their children's well-being.

### 1.1.2 Local Strategic Context

The previous Pan Dorset CAMHS Strategy has now been replaced by the Pan-Dorset Children and Young People's Emotional Well-being & Mental Health Strategy for 2012-15. This Strategy is based upon the fundamental principal that emotional well-being is wider than the provision of specialist CAMH services and that in order to achieve its aim to improve the emotional well-being and mental health of children and young people locally, there needs to be a recognition of responsibility and commitment to this agenda across all services for children and young people.

The Strategy presents a shared vision and strategic aims/principles for emotional health and well-being between the three Children's Trusts, together with an understanding of local needs assessment (recognising that each of the three local authority areas have differing population needs and as such may require different approaches to service provision) and evidence of effective models of care which achieve measurable outcomes.

The Strategy identifies eight priority work streams that are based upon locally identified needs and priorities, best practice and evidence based guidance along with recommendations from Serious Case Reviews.

It is recognised that emotional well-being is a fundamental contributor to the impact of service provision across wider children's services. As such, the Strategy recognises the need to work alongside related local strategies and strategic workstreams for early Intervention, parenting, participation, hidden harm and risk taking behaviours (substance misuse, teenage conception, sexual health).

The implementation of the Strategy will be undertaken at a local level in each Children's Trust area. Dorset HealthCare University NHS Foundation Trust shall be a key partner in the implementation of the Strategy as part of a multi-agency approach to achieve positive outcomes for children and young people.

The Provider shall be required to work with each of the three local Children's Trust Boards as part of a wider contribution by local services to the outcomes and targets within their associated Children & Young People's Plans as well as local strategies relating to children, young people and families.

## 2. Scope

### 2.1 Aims and objectives of service

The National Service Framework for Children, Young People and Maternity Services, Standard 9, Department of Health (2004) states that 'all children and young people, from birth to their eighteenth birthday, who have mental health problems and disorders have access to timely, integrated, high quality, multi-disciplinary mental health services to ensure effective assessment, treatment and support, for them and their families'.

Services shall:

- Work in partnership to promote and improve the emotional well-being and mental health of all children and young people
- Provide early intervention and also meet the needs of children and young people with established or complex problems.
- Ensure young people and their families have timely access to mental health care based upon the best available evidence and provided by staff with an appropriate range of skills and competencies.

The Provider shall deliver Tier 2 level services in response to this specification for all children and young people up to the age of 18 years in Bournemouth, Dorset and Poole.

The Provider shall:

- Ensure that all children and young people up to the age of 18 years, who live in Bournemouth, Dorset or Poole, will be able to access the same high quality CAMH Services appropriate to their level of need no matter where they live
- Utilise and apply a variety of service models and delivery approaches where appropriate to meet differing needs across the geographical areas of Dorset, Bournemouth and Poole.
- Provide services in an age appropriate environment
- Ensure timely access to services (in line with Improving Access to Child and Adolescent Mental Health Services)
- Ensure that services are tailored to meet identified individual needs and are delivered flexibly utilising a wrap around approach that avoids a "one size fits all" approach
- Ensure service user involvement in the design and development of services
- Involve parents, families and carers appropriately in the care of children and young people
- Ensure services are non discriminatory and accessible to all service users and their parents/carers regardless of religion, disability, ethnicity, gender, and sexuality including targeted outreach activities where appropriate.
- Promote recovery and challenge stigma associated with mental health
- Provide children and their families with high quality information
- Provide Professional Clinical Supervision (PCS) to all team members
- Ensure all staff have the core set of skills and capabilities to deliver comprehensive and effective needs based services
- Ensure all young people have effective transition arrangements to other children and young people services, adult mental health services or independent living
- Ensure that treatment / interventions are evidence informed and guided by the best available evidence
- Work with the child/young person to identify their individual needs and strengths and ensure a multi-agency, person centred approach to promoting recovery
- Undertake a process of continuous improvement that includes the development and pilot of new approaches and models where appropriate to improve outcomes for children and young people.

### 2.2 Service description/care pathway

**2.2.1** Tier 2 CAMH Services play a crucial role in ensuring the timely assessment of all children and young people with mental health needs who may need an appropriate therapeutic intervention or support or who may require referral on to a Tier 3 specialist service.

The Provider shall provide a multi-disciplinary, community based therapeutic and assessment service at Tier 2 that responds to the psychological, psychiatric and emotional needs of children and young people with moderate mental health needs and form part of a continuum of emotional health and wellbeing services in Bournemouth, Dorset and Poole. This will include provision for outreach support where appropriate to meet the needs of children, young people and their families.

The Service shall recognise children and young people as individuals, within their family and/or social context. It shall acknowledge the rights of parents and carers, and involve them in the intervention process where appropriate. The service shall adhere to the Health Advisory Service requirements, the Children Act 1989 and 2004 and the National Service Frameworks for mental health and children and young people. It shall also ensure appropriate information management and confidentiality in the context of safeguarding children.

Equitable service provision shall to be developed for a Pan Dorset Tier 2 service that meets the needs of each of the three geographical areas.

Tier 2 services need to:

- Be responsive and flexible
- Have clear pathways with Tier three CAMH Services for children and young people with higher level needs
- Have positive working relationships with partner agencies E.g. the voluntary sector, YOT, Substance misuse services, Early Intervention Service
- Build capacity within universal and other targeted level services with proactive early identification and support for emotional health and wellbeing needs
- Be clearly defined as a local community-based service.

A Primary Mental Healthcare Worker (PMHW) working in multi agency locality teams where appropriate is the preferred model within the Service subject to identified need in each area. This model shall be based upon a 60:40 allocation of time between direct work with children and young people and consultation to professional working with young people and families within universal and other targeted level services.

Staff working in the Service shall:

- Promote the emotional well-being and mental health of children and young people and families in the community in line with the recommendations of the National Service Framework for Children, Young People and Maternity Services (2004)
- Provide a direct service to children, young people and their families in the geographical area in which they live including involvement in targeted parenting programmes where appropriate
- Improve accessibility and equity for children and families especially those who do not traditionally seek help from the statutory services
- Provide an outreach approach to difficult to engage children and young people;
- Work across both geographical and service boundaries to develop a co-ordinated response to children's emotional and mental health needs with other agencies including joint working or co-working as necessary.
- Ensure close working relationships with Tier 3 CAMH Services, receiving and providing referrals from and to Tier Three and undertaking joint work to meet identified individual needs of the child/young person as appropriate
- Strengthen provision within universal level services to support the emotional well-being of children and young people through the provision of support to the children's workforce (including those from Health, Social Care, Education, Youth Justice and non statutory sectors) in relation to early identification, assessment and intervention of children's mental health needs via consultation, supervision, advice and training
- Undertake the signposting of children and young people and families to additional sources of advice and support as required as part of a wider supported process of self help.

The service shall:

- Agree clear referral criteria and ensure that this information is widely distributed
- Undertake effective timely assessment and early intervention.
- Ensure treatment options which are evidentially informed, family centred, taking place within the context of clear networking and communicating with other involved agencies
- As an early intervention and therapy service, the focus shall be to provide an average length of treatment of a maximum of 6-8 sessions. Where additional work is required clear processes for the reviewing and management of these exceptional cases will be undertaken.
- Upon successful completion of the intervention, opportunities for the continuation of support from universal or other targeted level services provided by other organisations shall be explored and agreed in order to meet any continuing needs of the child, young person or their family.
- Clear, timely communications of the results of assessments and treatment provided and/or recommendations for further action/support will be made to the referrer.
- As part of a tiered model, flexible working practices shall be in place to enable children and young people to receive appropriate intervention or support from additional services or tiers in response to their changing needs. This shall include key members of staff involved in the care of the child or young person working across settings and tiers where appropriate or provision of access to psycho-education / family education provision and support peer opportunities for children, young people, their sibling, parents and carers.
- Ensure clear pathways are in place for referral to or joint working with Tier 3 professionals where required.
- Ensure that CAMH Services are provided either within designated locality areas or other local area working arrangements and structures across Bournemouth, Dorset and Poole which support effective multi-agency working
- Develop approaches to support wider children's services such as named link workers for schools.
- Embed a process of workforce planning supported by skills mapping across tiers
- Demonstrate a robust information service/source for patients and review regularly based on patient feedback.
- Undertake a process of continuous improvement that includes the development and pilot of new approaches and models such as self referral and drop in where appropriate to improve outcomes for children and young people.
- Provide conditions that are conducive to recruitment and retention of quality staff including appropriate therapy and office environments and IT support.
- Ensure that all CAMH Services across the Pan Dorset area are accessible to children and young people with a disability

The Service shall consider the views of children, young people, parents and carers to shape future developments of services. In order to achieve this, the Provider shall:

- Provide evidence that demonstrates how children, young people, parents and carers have actively been engaged in service developments including reviewing services to make sure that they are young person friendly in line with You're Welcome quality standards or other local schemes.
- Undertake a self assessment for CAMHS as per the Children's Trust Board Participation Strategies and incorporate actions into their service planning process to appropriately meet the participation standards.

### **2.2.2 Care planning and pathways**

Any developments shall be planned across all areas of service provision and include integrated care pathways between universal and targeted services. In order to achieve this, the Provider shall:

- Demonstrate active involvement in planning groups for CAMH Services
- Produce evidence that care pathways have been developed and implemented and effectively maintained in the following areas:
  - Conduct disorder
  - Autistic spectrum disorder

- ADHD
- Anxiety, phobia, school refusal.
- Bereaved children/young people
- Young carers
- Teenage parents
- Work in partnership with commissioners and provider services and organisations where appropriate (either as part of co-ordinated provision or as an expert advisor) to develop the following care pathways for children and young people:
  - Neglect or domestic violence
  - Substance users and children of substance users
  - Those with parents experiencing mental health problems
  - Young offenders
  - Who need to access services outside of the re-mit of this specification such as sexual health, substance use etc
- Pathways will be developed and implemented in line with national guidance, including NICE guidance, and local service developments and improvements. The provider will systematically review the pathways to ensure they remain in line with best practice guidelines.

The Service shall:

- Fully implement and embed a Single Point of Access model across Bournemouth, Dorset and Poole within defined locality areas as a common entry point for access to CAMH Services.
- Ensure protocols for referral, support and early intervention are agreed between all partner agencies.
- Maintain excellent and regular communication with local universal and other targeted level service such as primary care, schools and other professionals involved in supporting the child and/or family, including discharge letters and supporting Team Around the Child / Common Assessment Framework meetings where appropriate
- Ensure that all children and young people have an agreed care plans tailored to their individual needs which has clear timescales for review and young person and parental involvement.
- Engage all relevant services in care planning for the child or young person at an early stage to reduce the number of initial assessments families receive from different services.
- Undertake a planned multi-agency approach to provision to ensure that the wider needs of the child and family are identified and addressed through a continuity of care. If the child is subject to a Common Assessment Framework (CAF) the Service shall engage as appropriate with the Lead Professional for the CAF as well as to identify any children/young people where a CAF would be appropriate and undertake steps to initiate this process.
- Ensure that all care plans are subject to regular review and incorporate a goals based approach to delivery that includes the needs and goals identified by the child/ young person and their family.
- Provide notification of a change in care of the young person and a discharge summary to the GP or Lead Professional to ensure continuity of care
- Inform the original referrer when a child or young person moves between the CAMHS tiers.
- Undertake appropriate planning for discharge that is based upon agreed assessment and multi agency care plans.
- Ensure that comprehensive transition arrangements are in place so that children and young people who are transferred from child to adult services, experience continuity of care by use of appropriate and individualised approaches.

### **2.2.3 Transfer of and Discharge from Care Protocols**

The Discharge Letter shall contain basic clinical information about the Service User's treatment, including, without limitation:

- (i) the Service User's demographics to whom the Discharge Letter refers
- (ii) the dates of the Service User's admission and discharge
- (iii) the name of the Service User's responsible lead clinician at the time of the Service User's discharge and to whom questions about the contents of the Discharge Letter may be

- addressed, and complete and accurate contact details (including a telephone number) for that person
- (iv) details of any medication prescribed at the time of discharge
  - (v) any other relevant or necessary information or instructions, including follow-up arrangements and appointments
  - (vi) the Service User's status under the 1983 Act at the time of discharge.

#### 2.2.4 Response times

Services will:

- Ensure that all referrals that meet the criteria will be assessed and commence any required interventions within 8 weeks from the receipt of the referral (this shall be supported by an ambition to undertake assessment of all referrals appropriate to the service within four weeks) **(The achievement of the 8 week target is subject to separate agreements as part of CQUIN for 2012-13)**
- Ensure that any high priority referrals or current cases are escalated to Tier 3 teams within 1 working day where possible (high priority meaning severe or urgent mental health needs which present significant risk to self or others including psychosis, severe depression and serious self harm or suicidal attempts);
- Ensure that appropriate strategies are developed to gain active engagement with children, young people and their families to support this process and in particular to engage those who are recognised as potentially hard to engage
- Provide a written response acknowledging the referral and signposting to further sources of information within 2 weeks of receiving the referral, with a copy to the GP and the care co-ordinator

#### 2.2.5 Days/ hours of operation

Services are expected to be maintained continuously for 52 weeks a year with core service hours of 9.00am to 5.00pm Monday to Friday. However the service will also provide flexible provision based on local need to include evenings **(and weekends following further agreement with commissioners to meet additional service need)**.

#### 2.2.6 Training/ Education/ Research activities

The Provider shall contribute to an increase in knowledge and skills of those working with children and young people and families by providing joint training opportunities and opportunities for consultation with appropriate expert and is linked into demonstrating effective interventions. In order to achieve this, the provider will:

- Agree on-going core competencies to support the co-ordinated delivery of multi-agency training programmes around emotional health and mental well-being for all children's services staff delivered through locality structures
- Ensure a co-ordinated network Pan Dorset of Tier 2 provision to ensure equality of access, reflecting local need
- Ensure access to specialist CAMH Services expertise for other professionals working in a range of settings to include supervision, consultation and guidance on referrals;
- Ensure all interventions are evidence based.

The provider shall ensure that this programme is updated through agreement with the relevant partners to reflect the strategic priorities in Bournemouth, Dorset and Poole and any changes in the identified needs of their children's workforces.

Training level	Content	Audience	Delivered by
Level 1	<ul style="list-style-type: none"> <li>• Raising awareness of Primary Mental Health Worker role</li> </ul>	Children's workforce to include:	Primary Mental Health team in partnership with

	<p>Information re:</p> <ul style="list-style-type: none"> <li>• assessment of emotional well-being needs (including level of risk)</li> <li>• how and when to make a referral</li> <li>• any additional requirements relating to confidentiality and sharing of information between organisations</li> <li>• multi agency working including common core of skills and knowledge for all those working with children</li> <li>• Child and Adolescent development including attachment issues</li> <li>• responsibilities as part of “everybody’s business” approach</li> <li>• knowledge and skills to provide initial interventions</li> </ul>	<p>School Nurses, Health Visitors, teachers, school based staff, field social workers locality team members</p>	<p>other support services</p>
Level 2	<p>Targeted interventions e.g.</p> <ul style="list-style-type: none"> <li>• skills of engagement</li> <li>• management of behavioural issues</li> <li>• working with groups of children and young people</li> <li>• Overview of principles of parenting courses and providing support to parents</li> <li>• Knowledge and skills to identify and manage specific issues such self harming behaviour, eating disorders etc.</li> </ul>	<p>Children’s workforce to include: School Nurses, Health Visitors, teachers, school based staff, field social workers locality team members provided Level 1 training has been completed.</p>	<p>Primary Mental Health team with input from Specialist CAMHS and eating disorders</p>

### 2.2.7 Information

Children, young people and their families/carers will be provided with the following information as a minimum through a range of mechanisms appropriate to the target audience:

- Description of the services, range of interventions provided and what to expect.
- Relevant contact details for the Service and any relevant members of the team.
- Contact details for out of hours advice and help.
- How to express views on the service.
- Advice on where to access self help materials and resources to undertake self management

### 2.3 Population covered

Tier 2 CAMH services are available to children and young people up to 18 years of age with moderate mental health difficulties, their families and supporting network.

The Service is available to children and young people who are:

- Registered with a GP in the areas covered by NHS Dorset and NHS Bournemouth & Poole and identified as the commissioning responsibility of these organisations.
- Children looked after by the local authorities of Bournemouth Borough Council, Dorset County Council or the Borough of Poole.
- Children looked after by another Local Authorities and registered with a local GP
- Children and young people placed within the area by the other local authorities or PCTs in privately run special schools, residential units, private foster care or therapeutic communities in Bournemouth, Dorset or Poole



## 2.4 Any acceptance and exclusion criteria

There will be no exclusions but inclusion will be subject to appropriate entry to the service based on the care pathway and referral criteria.

Access to services will be via an agreed referral pathway and inclusion criteria. The Provider shall ensure that referral criteria and methods for referral are clearly communicated to all potential referrers and that access information is available to families in a range of formats.

Where a referral is not appropriate for the CAMH Service, alternative signposting information shall be communicated to the originating referrer.



CAMHS referral  
criteria leaflet 23.03.

For any individual cases the following policy shall be adopted:

<http://www.dorset.nhs.uk/WS-Pan-Dorset/Downloads/NHS-Dorset/Policies/Commissioning/joint-individual-cases-policy.pdf>

## 2.5 Interdependencies with other services

2.5.1 CAMHS will work closely with other local services to include:

- Paediatric services based at Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust, Dorset County NHS Foundation Trust and Poole Hospital NHS Foundation Trust
- services provided by the local authorities including young people's social care, adult social care, parenting support, education, teenage conception, sexual health, youth offending and substance misuse services
- services provided under the community health umbrella in Bournemouth, Dorset and Poole
- providers from the voluntary, community and social enterprise sector

Tier 2 CAMH services will need to operate an integrated approach to supporting children, young people and their families as part of a wider strategic approach. This will include workstreams such as parenting strategies, workforce development, the Autistic Spectrum Strategy, Participation Strategies, teenage conception and risk taking behaviours that will further enhance the work of Tier 2 CAMH Services.

### 2.5.2 Relevant Partnership Groups, Clinical Networks and Screening Programmes

Senior representatives of the Provider organisation will be expected to attend joint commissioning and provider forums with regard to emotional health and well-being across the Pan Dorset area. This will include the Pan Dorset Emotional Well-being Commissioning Group, the three Children's Trusts and the Local Safeguarding Children's Board's and their sub-groups as appropriate as well as appropriate operational development groups and networks within each geographical area.

## 3. Applicable Service Standards

### 3.1 Applicable national standards

3.1.1. All services will be required to comply with the following:

- Care Quality Commission core standards and targets

- Care Quality Commission Child Protection Performance Indicators
- All relevant requirements of the Children's Act 2004
- Working Together to Safeguard Children 2010 (and LSCB Inter-agency Safeguarding Procedures)
- Operating Plans for the NHS, NHS South of England and NHS Bournemouth, Dorset & Poole 2012-13
- National Service Framework for Children, Young People and Maternity Services
- National Institute for Health and Clinical Excellence guidelines
- Quality Network Standards for Community CAMH Services
- CAMH Services will be subject to CQC / Ofsted Inspection processes.

3.1.2. Services will be required to effectively support the full achievement and maintenance of the following Vital Signs indicators for CAMHS:

- 5340 - A full range of early intervention support services are delivered in universal settings and through targeted services for children experiencing mental health problems commissioned by the Local Authority and PCT in partnership

### **3.2 Applicable local standards**

Services will be delivered as part of a multi-agency approach to improving the emotional well-being and mental health of children and young people to meet the priorities identified within the Pan Dorset Children & Young People's Emotional Well-being and Mental Health Strategy 2012-15.

As part of their core operations, the provider shall:

- Demonstrate a system of clinical governance with local development plan and monitoring arrangements, ensuring strong links with the commissioner's clinical governance team. Quarterly reports and annual report will be required for the commissioners;
- Have in place comprehensive and well understood policy's relating to the following:
  - Clinical audit
  - Integrated governance
  - Complaints (in line with NHS complaints procedures)
  - Whistle blowing
  - Serious Untoward Incidents
  - Safety alerts
  - Safeguarding (in line with requirements of "Working Together to Safeguard Children 2010" and the Local Safeguarding Children Board and the detailed requirements set out in Safeguarding Schedule 11 Part 5)
- Ensure that lines of professional and clinical responsibility and accountability are clearly identified
- Ensure that staff work within their areas of professional competence and that Staff also work to the guidance and within the indemnity of their professional bodies;
- Ensure all staff have Continuing Professional Development arrangements in place with professional development plans including mentoring opportunities;
- Agree a programme for mandatory training for all staff;
- Ensure that standards for assessment, diagnosis, risk management and discharge planning meet national best practice guidelines and local audits and review recommendations (including serious case reviews) and that these are subject to ongoing monitoring;
- Demonstrate a robust information service/source for patients and review regularly based on patient feedback;
- Ensure that patients are able to contribute to the planning of their own care and that opportunities for feedback are easily available.

### **3.3 Outcomes and performance monitoring**

The Provider is expected to routinely audit and monitor their work. This shall include regular internal processes of evaluation to identify any changes and trends in local need and ensure continued

effective access to high quality services via appropriate developments within service provision. This shall include the gathering and monitoring of the following information:

- Age, gender, ethnic group, GP, postcode and school of child/young person
- Referral source
- Reasons for inappropriate referrals
- Presenting complaint and diagnosis
- Intervention delivered
- Average number of sessions per patient
- DNA rates and reasons for DNA
- Number of service users receiving services within their chosen locality
- Number of contacts per FTE per week (and breakdown of type of contact) – target 18
- Referrals made to other services
- Percentage of cases where outcomes (both positive and negative) are effectively communicated to the original referrer
- Number and evaluation of training sessions delivered at each level
- Number of consultation and case supervision sessions delivered to universal services
- Percentage of cases where the child/young person:
  - Is looked after / in need / subject to a child protection plan
  - Has a physical disability
  - Has a learning disability
  - Is a parent
  - Has a caring responsibility
  - Is using substances (drugs and alcohol)

Although this information is not part of core contract monitoring, it is expected that the Provider shall develop appropriate systems to collect and monitor this information as part of a good practice approach to inform service design. This information shall be made available to commissioners upon request as part of a wider strategic approach to the local development of services for children, young people and their families.

The Provider shall agree a programme of case audit with commissioners as part of a continuous process of quality assurance and service improvement in relation to the outcomes experienced by children and young people accessing their services.

Additional activity and performance information shall be included in the main DHUFT contract documentation.

#### 4. Key Service Outcomes

The Provider shall ensure that services work towards the following outcomes:

- Children and young people experience an improvement in their emotional well-being and mental health through a process of change as well as provision of support.
- Children and young people achieve their individually agreed outcomes.
- Children, young people and their parents/carers report a positive experience of services.
- Children and young people's needs are identified at the earliest opportunity and are met through the provision of a range of evidence informed treatments/interventions and best practice.
- Children and young people are able to access services that are age appropriate and meet their individual needs in a timely manner at an appropriate time and location.
- Children, young people and their families are able to access appropriate information to undertake self help and effectively access appropriate levels of support when required.
- Children and young people remain at the centre of service provision and have a positive experience during transition between levels of service or to adult services.
- Children, young people and parents are involved in decision making about their individual care and are able to participate in service development and redesign.

- Services are provided at the earliest possible opportunity to reduce the need for the provision of high level services.
- The Pan Dorset children's workforce has the skills and competencies to effectively identify and meet the emotional well-being and mental health needs of children, young people and their families.

It should be noted that this is an overview of the key outcomes relating to the service and should therefore be considered as headline outcomes. More detailed associated performance indicators are included in the quality requirements section of this contract (Section B Part 8)

## 5. Location of Provider Premises

The Provider's Premises are located at:

There will be bases for the service at:

- Dorchester Children's Centre, Damers Road, Dorchester, Dorset. DT1 2LB
- 48 Lynch Lane, Weymouth, Dorset. DT4 9DN
- Shelly Clinic, 22 Tower Road, Bournemouth. BH1 4LB
- Poole Child Development Centre, 1<sup>st</sup> floor, Poole Hospital, Longfleet Road, Poole. BH15 2JB

Services should be delivered in a variety of locations and venues as appropriate for each individual and based on choice and need.

The Service shall negotiate use of a wide range of venues across Bournemouth, Dorset and Poole to include children's services locality hubs well as venues such as GP surgeries and Children's Centres where available across the geographical area as well as schools, residential settings and young peoples own homes.