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## WELCOME

Welcome to the CAMHS Quality Networks' newsletter, autumn edition. In this issue we will be looking back over the past year of work within the Quality Network for Inpatient CAMHS (QNIC) and the Quality Network for Community CAMHS (QNCC), and looking ahead to future developments.

Over the past month, the first reviews in QNIC's 19th cycle have taken place and QNCC continues its 14th year of operation.

This is looking to be our busiest year yet for QNIC, with over 120 services participating in the review process, around a third of which are working towards or maintaining accreditation.

June saw another successful and well-attended Annual Forum for the network, centring around a theme of staff support and wellbeing. Charlotte Hampson, QNIC Project Officer, writes more on page 6.

QNCC is also going from strength to strength, with almost 60 services undertaking peer reviews over the next year or so.

We are particularly looking forward to this year's National CAMHS Conference, to be held on 22 November, with talks from a range of organisations about joint working and partner agency involvement in community CAMH settings.

Finally, thank you to all our members for your ongoing participation and support. We wish you the best for the coming cycle.

## Upcoming Dates

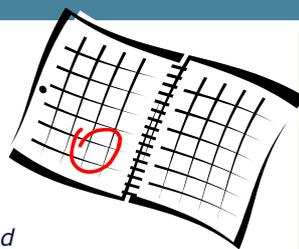
We have a number of important upcoming dates for both our community and inpatient networks. Our key events are as follows:

**National CAMHS Conference** *targeted at everyone working within community CAMH services including eating disorders, learning disability services and intensive intervention and crisis teams*  
Friday 22 November 2019 @ Royal College of Psychiatrists, Aldgate, London

**Restrictive Practice in CAMHS Event**  
Monday 2 December 2019 @ Royal College of Psychiatrists, Aldgate, London

**QNCC Standards Revision Workshop**  
Monday 3 February 2020 @ Royal College of Psychiatrists, Aldgate, London

If you would like to know more about any of these events or book a place, please contact a member of the CAMHS team using the details listed at the back of this newsletter or by calling 0203 701 2662.



## Meet the team:

**Harriet Clarke**  
Head of Quality and Accreditation

**Hannah Lucas**  
Programme Manager (QNIC/QNCC/QNCC-ED)

**Arun Das**  
Deputy Programme Manager (QNIC/QNCC/QNCC-ED)

**Charlotte Hampson**  
Project Officer (QNIC)

**Daphne Papaioannou**  
Project Officer (QNIC-ROM)

**Emily Rayfield**  
Project Officer (QNIC)

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Edited by Hannah Lucas

## Recently Accredited Services

We would like to congratulate the following teams on achieving their accreditation status over the course of the past year.

- **Collingham Child and Family Centre**  
Central and North West London NHS Foundation Trust
- **The Sett**  
Northampton Healthcare NHS Foundation Trust
- **Ash Villa**  
Lincolnshire Partnership NHS Foundation Trust
- **Ruby Lodge**  
Sheffield Children's NHS Foundation Trust
- **Dewi Jones**  
Alder Hey Children's NHS Foundation Trust
- **Riverdale Grange\***  
Riverdale Grange Limited

\*Denotes newly accredited services

## Welcome to QNIC/QNCC!

### New to QNIC:

- **Keystone Unit**

### New to QNCC:

- **Aldershot CAMHS**
- **Basingstoke CAMHS**
- **Bradford and Airedale CAMHS**
- **CAMHS Central Team (CPFT)**
- **Hampshire CAMHS Learning Disability Team**
- **Kent and Medway All-Age Eating Disorder Service**
- **Knowsley CAMHS**
- **Luton CAMHS**
- **Royal Free CYP Eating Disorder Service**
- **Winchester and Test Valley CAMHS**

## A Young Person's Perspective: Hannah Sharp writes about her recent presentation at the QNIC Annual Forum

As a young person, I always worry that my opinion isn't respected or is valued less than those with PhDs or years of experience working in mental health. This is a worry I have regardless of what advisory role I am working in and is not unique to QNIC. There has been increased value placed upon patient voice in recent years, but there still remains a slight divide between patient advocates and service professionals. This is why opportunities like presenting at the QNIC annual forum are so important. As a young advisor, to be given the opportunity to present and be listened to on the same level as those with more impressive qualifications than myself is both validating and incredibly important.

This is partially why I chose to do my presentation on the involvement of young people in staff training, recruitment and service development. There is a widely held misconception that young people are apathetic and uninformed, and therefore their voice in these areas isn't as valuable. However, we forget that the way we engage with young people has to be adaptable. We cannot expect every young person to be able to sit in a service-level meeting and both follow what is said and have comments to make. Such young people are very unique, and form a minority and if we've learned anything about the patient voice in recent years we must surely remember not to restrict it to a small minority of patients.

Having young people in these roles is amazing, when it's the right young person. One of the main points I

tried to share in my workshop is that young people care, but they need an accessible means to express their opinions. Focus groups, suggestions boards, coming up with interview questions in community meetings, and reaching out to young people beyond the inpatient environment are all ways which we can broaden patient participation.

The second major misconception held about participation, is that it's not that valuable. I'm sure most of those reading this have been lectured on its value and faced an attempt to be persuaded into becoming enthusiastic advocates of the patient voice. Therefore, I'm not going to do that. I will only make the following points:

- It makes your job easier, you can directly identify problems
- Young people often come up with 'out of the box' solutions, they aren't limited by concerns about box-ticking or funding. And if these concerns are legitimate, they will often find creative ways around them
- It is of HUGE value to a young person's recovery

I'll expand on that final point in more detail. Feeling listened to and valued gives a young person a sense of purpose. Feeling as though they are able to achieve something gives them the drive to get better. I've been involved in patient advocacy through all of my mental health recovery, and at points it was the only thing to keep me going. I felt like I was doing something, and I enjoyed it. It was, for me, a light in a very dark time.

**Hannah Sharp**  
**QNIC/QNCC Young Person Advisor**

## Blueprint: Developing a model for high quality service design for children and young people with common mental health problems

The mental health of children and young people is a national (1-3, 5, 7-10) and international (11) priority, with around 1 in 10 UK CYP having a mental health difficulty (12). Most of the need lies with children and young people experiencing 'common' mental health problems. These are a range of psychological, emotional and behavioural problems that includes anxiety, depression, obsessive compulsive disorder (OCD), self-harm, post-traumatic stress disorder (PTSD), gender identity issues and emerging personality disorders. While health needs for this population group are rising, services across the UK tend to be fragmented, uncoordinated and variable, and most struggle to meet demand (1-10).

The National Institute for Health Research has recently funded a project led by the University of Manchester in partnership with University of Cardiff which aims to develop a model (or models) for high quality service design for children and young people experiencing common mental health problems.

The Blueprint study will examine the factors that facilitate access to, and navigation of, services for children and young people with common mental health problems and the effectiveness and acceptability of those services. Children and young people with common mental health problems typically do not require hospitalisation so the services investigated will tend to be out-of-hospital (outpatient) and community-based services providing primarily assessment/triage, early intervention and supported self-care. The evidence-based model(s) emerging from the study will help inform the NHS and assist commissioners and providers in the design and transformation of out-of-hospital services for this population group.

The Blueprint research team is a multidisciplinary team which includes mental health, child and family health and health service researchers from The University of Manchester and Cardiff University; a children's mental health clinician and senior manager from our sponsor, Greater Manchester Mental Health NHS Trust, and young person co-researchers and experts in engaging with young people with lived experience from Common Room. The Blueprint project is also supported by an Advisory Group, which includes young people and parents, and an independent Project Oversight Steering Group.

The Blueprint research team are inviting services working with children and young people experiencing common mental health problems across England and Wales to complete a mapping exercise survey.

The brief mapping exercise survey can be accessed via the following link:

<https://apps.mhs.manchester.ac.uk/surveys//TakeSurvey.aspx?SurveyID=86KI8m81H> or via the Blueprint website.

More information can also be found on the Blueprint Twitter feed.

For more information on the Blueprint study, please contact the project Research Associate:

**E-mail: [Claire.fraser@manchester.ac.uk](mailto:Claire.fraser@manchester.ac.uk)**

**Phone: 0161 306 7882**

Funder disclaimer:

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## QNIC/QNCC Discussion Forums

- Currently over 1,200 members that have an interest or work in children and young people's mental health
- Used to share ideas, ask questions to peers, get advice on specific cases or service development
- Be the first to hear about upcoming reviews and events
- To be added to either forum, send an email with the title 'Join'

**[QNIC@rcpsych.ac.uk](mailto:QNIC@rcpsych.ac.uk)**  
**[QNCC@rcpsych.ac.uk](mailto:QNCC@rcpsych.ac.uk)**

Our Deputy Programme Manager, Arun Das, writes about QNCC's recent quality improvement project:

## Quality Improvement for QNCC

As most QNCC members will be well aware, we really struggled in 2018 to put together enough reviewers to ensure QNCC reviews could go ahead. Yes, we know, we sent a lot of emails and made a lot of phone calls!

To target the low engagement levels, we started the process of working on a QI project in December 2018. We looked at the data in more detail and found that 50% of QNCC reviews (not including eating disorder services) were cancelled in 2018. We identified that our issues with reviews going ahead did not lie within the QNCC-ED reviews. This allowed us to remove the data for eating disorder services to allow us to get a better measure against the aim.

This allowed us to refine our project aim to: *To increase the % of non-ED QNCC visits that go ahead on the original planned date to 75%. This includes any reviews that have also been re-scheduled.*

Once we knew our project aim, we then considered the process, balancing and outcome measures which would allow us to get a good understanding of how well we were working towards the aim i.e. gathering website metrics to understand the level of traffic going to specific webpages.

We also developed our change ideas: suggestions from the team about how we could enhance the engagement we have with our members in attending reviews. Our two highest ranked change ideas from our last meeting were:

- Using the website to enhance the information provided to member service
- Provide members with a list of benefits of engaging in peer-reviews

We started to think about how we could disseminate information to our members in a way that could get them to engage with QNCC and get to find out the information in a quick and simple way. With that in mind, we started to develop material on the QNCC webpages (<https://www.rcpsych.ac.uk/improving-care/ccqi/quality-networks-accreditation/child-and-adolescent-community-teams-qncc>).

It took a couple of weeks, but we finally had some new areas of the webpages that member services could explore. This included information about why being a peer-reviewer is beneficial with a list of reviews that can be downloaded at any time. There's also more information available on the "News and Events"

page which details upcoming QNCC events. We tracked the engagement through website metrics, and we watched as the number of people visiting our website started to increase.

At the same time, we also developed a new infographic (above right image): a way for individuals and services to see visually how they can get involved in reviews and what a typical day might look like. We'd like to share the infographic with our members so they can post them up for their teams to see and also list the reviews they have been scheduled to attend.

Since then, we've been monitoring the reviews and only 15% of QNCC (non-ED) reviews were cancelled in 2019 so far due to not having a sufficient number of reviewers. We really would like to have as many member services engaging in reviews and making the most of the opportunity to share and learn ideas for best practice. Our lists are regularly updated and circulated on our website and through our mailing list.

A huge thank you to those of you that have put yourselves forward, and we're keen to see as many of you attending reviews over the next few months to keep our engagement levels up. Don't forget, each member service is required to attend a minimum of *three* reviews each cycle and no prior training is necessary. There are plenty of dates and locations plenty to pick from!

For further information about the review process or role of the reviewer, please feel free to contact the QNCC project team.

## Become a reviewer

### QNCC Reviews

For a list of upcoming reviews, please download the list below.

[QNCC Reviews List - September 2019 \(PDF\)](#) - information correct as of 05 September 2019

Please email us with your availability, job title, of your service and contact number.

### Why being a peer reviewer is beneficial

- + [What are the benefits of being a reviewer?](#)
- + [Do I need to receive training?](#)
- + [How long is a typical review day?](#)
- + [What about the cost of travel and accommodation?](#)
- + [Can I claim CPD points?](#)

**CAMHS** **CCQI** **Why being a QNCC peer reviewer is beneficial**

QNCC aims to assess and improve the care and treatment of young people accessing Community CAMH Services. For more information and for a list of reviews visit us at [www.rcpsych.ac.uk/QNCC](http://www.rcpsych.ac.uk/QNCC)

A typical review team is usually made up of a lead reviewer, a young person advisor and 2-3 clinicians.

The opportunity to learn from other services is huge and the standards provide a guide as to how to deliver a good service.

Training is not required for those attending a peer review. We provide training twice a year to those attending accreditation visits.

We conduct interviews with staff, young people and their parents/carers to gather feedback on their experiences of care services, particularly access, assessment, & care and treatment.

Use your attendance towards CPD. Request a letter from the QNCC team to confirm attendance to our reviews. This is subject to peer-group approval.

**REVIEWERS TIMELINE**

QNCC sends out an invitation to all members by email.

Reviewers receive an email calendar. We ask you to indicate what dates you are going to attend.

Reviewers then complete their review recommendations (shared with their own organisation).

The QNCC team will email you your accreditation results.

**YOUR QNCC CHAMPION IS**

**WE ARE SCHEDULED TO ATTEND THE FOLLOWING**

Name:	11	Date:
Email:	21	Date:
Telephone:	31	Date:

[www.rcpsych.ac.uk/QNCC](http://www.rcpsych.ac.uk/QNCC)  
QNCC@rcpsych.ac.uk  
CCQI

**RC PSYCH**  
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## QNIC Annual Forum

At this year's QNIC Annual Forum, held here at the College on 14 June, we had an amazing 130 delegates, six workshops and three keynote speakers! We would like to thank all our presenters and delegates for traveling to London from far and wide and dissolving the typical geographical barriers that separate our members.

The day's theme focused on staff well-being and reflective practice. It was no surprise that we had great interest in the event with staff burnout being a commonly-encountered challenge within healthcare and therefore protective factors, such as reflective practice and general promotion of staff wellbeing, are believed to be of great value within any service.

The day aimed to offer solution-focused ideas such as CYP IAPT training, which is being rolled out in the South West, as well as numerous interactive workshops exploring reflective practice. One of the workshops showcased Huntercombe's interdisciplinary reflective group framework where the participants discuss the

experience of an individual member. The group then takes turns in talking and provide the individual with validation and feedback within the safe environment. The day also included a passionate and thoughtful presentation by our Young Person Advisor, Hannah Sharp, on the importance of involving young people in service developments, which prompted much reflection amongst her audience. Hannah explained that young person participation ensures services work for the people they are supporting. She also explored the secondary benefit with her own personal reflection on how her participation in service development led to an increase in her wellbeing by providing a sense of purpose.

The day concluded with a well-attended drinks reception and chance for services to network with one another and peruse submissions from our artwork competition (see page 5) and the inspiring stall by the Wildlife Trust on the positive benefits of nature in one's wellbeing.

We look forward to welcoming you back to the College for our Special Interest Day on 02 December on 'Managing Self-Harm through Least Restrictive Practices'.

**Charlotte Hampson**, Project Officer, QNIC



The QNIC Team at the Annual Forum, 14 June 2019

**L-R:** Daphne Papaioannou (Project Officer), Emily Rayfield (Project Officer), Hannah Lucas (Programme Manager), Emma Castro (former Project Officer), Charlotte Hampson (Project Officer), Arun Das (Deputy Programme Manager), Harriet Clarke (Head of Quality and Accreditation)

# QNIC Routine Outcome Measurement (ROM) Service update

**"Reliable, routine outcome measurement and data collection is a complex task that is only just beginning to be undertaken by many services. Ultimately, improving outcomes for children and young people is what matters most." - National CAMHS Review 2008**

## What is QNIC-ROM?

QNIC-ROM is an additional benefit of being a QNIC member, available to all of our QNIC members. The system compiles, monitors and analyses outcome data at admission, discharge and various intervals between.

## What are the team up to?

As you may have noticed, the QNIC-ROM project has been on hold for a little while whilst we have been busy creating a new system for our members.

The past few months have been spent liaising and developing a brand-new system, which will allow our members to input their outcome measurement data, from admission, discharge and throughout young people's stay.

This data will be compiled, monitored and analysed to create instant reports at both an individual and service level, to be shared with young people, parents and carers to promote progression. This document can also be used as a form of evidence when demonstrating quality improvement. In addition to these reports, all unit's ROM data will be comprised in our Annual Report, allowing members to compare outcomes with other, similar services.

## Which data should we collect?

Measures currently collected on the new system:

- Health of the Nation Scales for Children and Adolescents - HoNOSCA (Gowers et al., 1999)
- Children's Global Assessment Scale—CGAS (Schaffer et al., 1983)

We also collect data on various baseline variables and demographic data.

We are also hoping to collect outcome data for additional measures in the future, once the website has been launched and is up and running.



## Why is it helpful?

QNIC standards 4.6.1-4.6.4 address in detail the routine use of validated outcome measures in order to monitor young people's progress and challenges effectively. The tools and guidance that ROM provides allow units to meet these standards and obtain tangible evidence of the support they are offering.

## QNIC-ROM & the future!

We are hoping to have the system ready to pilot over the next few months, launching it to our all of our members in the new year. Feedback will be much appreciated when using the new system!

If you are interested in using the new QNIC-ROM system and would like more information, please contact Daphne Papaioannou on 0207 780 5753 or [daphne.papaioannou@rcpsych.ac.uk](mailto:daphne.papaioannou@rcpsych.ac.uk).

**Want to share your work or present your recent findings to a wide audience?**

**Submit an article for our next newsletter!**

**Published twice a year, our newsletter reaches thousands of clinicians working in CAMHS nationwide!**

**Articles can be as short as 500 words, comprising an introduction, main body, and conclusion.**

**If you would like to submit an article, please send a short paragraph describing your topic to**

**[Hannah.Lucas@rcpsych.ac.uk](mailto:Hannah.Lucas@rcpsych.ac.uk)**