Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC)
Welsh Health Specialised Services Committee (WHSSC)

Specialised Services
Service Specification: CP222

Tier 4 Forensic Child and Adolescent Mental Health Service

(Forensic Adolescent Consultation Service – Consultation and Advice for Child and Adolescent Mental Health Services)

August 2023

Version 1.0

Document information	
Document purpose	Service Specification
Document name	Tier 4 Forensic Child and Adolescent Mental Health Service ('Core' Forensic Adolescent Consultation Service)
Author	Welsh Health Specialised Services Committee
Publication date	August 2023
Commissioning Team	Mental Health and Vulnerable Groups
Target audience	Chief Executives, Medical Directors, Directors of Finance, Health Boards, CAMHS Network Board, Youth Custody Service, Youth Justice Board.
Description	NHS Wales propose to routinely commission this specialised service in accordance with the criteria described in this document
Document No	CP222
Review Date	2026

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Statement

Welsh Health Specialised Services Committee (WHSSC) propose to commission the Tier 4 Forensic Child and Adolescent Mental Health Service known as the Forensic Adolescent Consultation Service (FACS) for children and young people aged 12 to 18 years and resident in Wales in accordance with the criteria outlined in this specification.

In creating this document WHSSC has reviewed the requirements and standards of care that are expected to deliver this service.

Welsh Language

WHSSC is committed to treating the English and Welsh languages on the basis of equality, and endeavour to ensure commissioned services meet the requirements of the legislative framework for Welsh Language, including the Welsh Language Act (1993), the Welsh Language (Wales) Measure 2011 and the Welsh Language Standards (No.7) Regulations 2018.

Where a service is provided in a private facility or in a hospital outside of Wales, the provisions of the Welsh language standards do not directly apply but in recognition of its importance to the patient experience, the referring health board should ensure that wherever possible patients have access to their preferred language.

In order to facilitate this, WHSSC is committed to working closely with providers to ensure that in the absence of a Welsh speaker, written information will be offered and people have access to either a translator or 'Language-line' if requested. Where possible, links to local teams should be maintained during the period of care.

Decarbonisation

WHSSC is committed to taking assertive action to reducing the carbon footprint through mindful commissioning activities. Where possible and taking into account each individual patient's needs, services are provided closer to home, including via digital and virtual access, with a delivery chain for service provision and associated capital that reflects the WHSSC commitment

Disclaimer

WHSSC assumes that healthcare professionals will use their clinical judgment, knowledge and expertise when deciding whether it is appropriate to apply this document.

This document may not be clinically appropriate for use in all situations and does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in

consultation with the patient and/or their carer or guardian, or Local Authority.

WHSSC disclaims any responsibility for damages arising out of the use or non-use of this document.

1. Introduction

This document has been developed as the Service Specification for the planning and delivery of a Tier 4 Forensic Child and Adolescent Mental Health Service known as the Forensic Adolescent Consultation Service (FACS) for children and young people aged 12 to 18 years and resident in Wales. This service will only be commissioned by the Welsh Health Specialised Services Committee (WHSSC) and applies to residents of all seven Health Boards in Wales.

The Forensic Adolescent Consultation Service (FACS) covers two different areas of service provision:

- FACS Consultation and Advice to Child and Adolescent Mental Health Services (CAMHS).
- Consultation, Advice and Enhanced Case Management (ECM) for Youth Offending Teams (YOTS).

This service specification relates to FACS Consultation and Advice to Child and Adolescent Mental Health Services (CAMHS) which incorporates Consultation and Advice to S-CAMHS at the Young Persons' Unit in Parc Prison (referred to as the Parc Young Persons' Unit) and Consultation and Advice to S-CAMHS in Hillside Secure Children's Home, to provide equity and continuity between custodial, secure welfare and community settings.

Consultation, Advice and Enhanced Case Management for Youth Offending Services is not covered by this service specification.

1.1 Background

Children and young people who present significant harm to others frequently experience high levels of mental health and complex needs. Children and young people within the criminal justice system have higher rates of mental health problems, learning disability and difficulties, speech, language and communication problems, substance misuse, physical health problems and a history of head injury.[1,2,3,4,5]

[1] Lader, S., Singleton N, Meltzer H, 2000. Psychiatric morbidity among young offenders in England and Wales. Office for National Statistics London.
[2] Harrington, R., Bailey S, & Chitsabesan, P *et al.,* 2005. Youth Justice Board for England and Wales. London.
[3] The National Service Framework for Children and Young People and Maternity services. Department of Health, 2004., and Report on the Implementation of Standard 9 of the National Service Framework for Children, Young People and Maternity services. Models of Good Practice: p32 Youth justice, Department of Health, 2006.
[4] Youth Justice Board and NHS London, 2010. Health needs assessment of young people in London with complex emotional, behavioural and mental health problems who are at risk of committing a serious offence.
[5] Hughes, N., Williams, H., Chitsabesan, P., Davies, R., & Mounce, L, 2012. Nobody made the connection: The prevalence of neurodisability in young people who offend. London: Office of the Children's Commissioner.

These children and young people often present with multiple areas of need; over half of a cohort of English children and young people detained in a secure setting had at least one mental health or neurodevelopmental need, and a third had two or more such needs.[6]

Forensic child and adolescent mental health services are concerned with the provision of mental health services to children and young people, who present a risk of harm to others, and who also have mental health or neurodevelopmental needs.

Historically, across the United Kingdom, the provision of mental health services for children and young people presenting risk behaviour has varied. There have been a lack of standards by which these services can be assessed. Examples of evaluations of forensic child and adolescent mental health services include a pilot of the Hampshire and Isle of Wight service.[7,8]

In 2001, the Welsh Government recognised the requirement for an "integrated, multi-agency, multi-disciplinary child and adolescent forensic mental health service" (Everybody's Business, 2001[9]). Funding for an All Wales development was released by directives of the 2004 National Service Framework (Welsh Assembly Government, undated[10]).

A Service Agreement provided a framework for the service to be hosted by Cwm Taf Local Health Board. A Service Specification was provided in 2008 by Health Commission Wales. Later outlines for the service came through wider national CAMHS documents[11].

A strategic review of FACS in 2019 recommended the development of an agreed strategy document and commissioning framework including a service specification.

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[6] Hales, H., Warner, L., Smith, J and Bartlett A, 2018. Census of young people in secure settings on 14 September 2016: characteristics, needs and pathways of care. Version number: 1.

[7] Dent, M., Peto, L., Griffin, M and Hindley, N, 2013. Final Report for Department of Health. Community Forensic Child and Adolescent Mental Health Services (FCAMHS): a map of current national provision and a proposed service model for the future

[8] Griffin, Hussain and Pittam. (undated). Evaluation of a Pilot Community Forensic Child and Adolescent Mental Health Service (FCAMHS) for Hampshire and Isle of Wight (HIoW). Solutions for Public Health.

[9] The National Assembly for Wales. (2001). Everybody's Business. Improving Mental Health Services in Wales Child and Adolescent Mental Health Service (CAMHS) Strategy.

[10] Welsh Assembly Government (undated) Mental Health Policy Implementation Guidance for Child and Adolescent Mental Health Services: Commissioning the NHS-funded Component.

[11] Service specification for Child and Adolescent Mental Health Services in Wales (draft 2012).

1.2 Aims and Objectives

The aim of this service specification is to define the requirements and standard of care essential for delivering a highly specialist consultation service (FACS) to agencies concerned with the care and treatment of children and young people who, in the context of mental disorder(s) or significant adversity/trauma and related severe psychological difficulties, present a serious risk to others.

The objectives of this service specification are to:

- detail the specifications required to deliver a FACS services for children and young people who are resident in Wales and open to any one or more of Tier 2, 3 or 4 CAMHS (including children/young people open to these services who are detained in either Parc Young Persons' Unit or Hillside Secure Children's Home)
- ensure minimum standards of care are set for FACS
- ensure equitable access to FACS
- improve outcomes for people accessing FACS.

1.3 Relationship with other documents

This document should be read in conjunction with the following documents:

- **NHS Wales**
  - All Wales Policy: Making Decisions in Individual Patient Funding requests (IPFR).

- **WHSSC policies and service specifications**
  - In-patient Child and Adolescent Mental Health Services (CAMHS): General Adolescent Unit (GAU) and High-Dependency Unit (HDU), CP150, July 2021 Inpatient CAMHS Service Specification
  - Mental Health Gatekeeping Placement and Case Management Policy CP232, June 2022 Gatekeeping, Placement and Case Management for Specialised Mental Health Services, CP232
  - Consultation, Advice and Enhanced Case Management for Youth Offending Teams – Service Specification is in development

- **Relevant NHS England policies**
  - Community Forensic Child and Adolescent Mental Health Service (including Secure Outreach), C11/S/c, August 2017, Community Forensic CAMHS Service Specification

- **Other published documents**

- A Healthier Wales: our Plan for Health and Social Care Welsh Government, 2018
- 0-18 years Guidance for all Doctors General Medical Council, 2018
- National Trauma Practice Framework for Wales Trauma-Informed Wales: A Societal Approach to understanding, preventing and supporting the impacts of Trauma and Adversity NEST framework (mental health and wellbeing) | GOV.WALES Welsh Government, April 2023

2. Service Delivery

The Welsh Health Specialised Services Committee commission a Tier 4 Forensic Child and Adolescent Mental Health Service known as the Forensic Adolescent Consultation Service (FACS) for children and young people aged 12 to 18 years and resident in Wales.

The FAC service is for agencies concerned with the care and treatment of children and young people who, in the context of mental disorder(s) or significant adversity/trauma and related severe psychological difficulties, present a serious risk to others in-line with the criteria identified in this specification.

Service delivery and strategic planning should be informed by the NYTH/NEST framework.[1]

2.1 Access Criteria

For referral to FACS the young person should be under the age of 18 years at the time of referral, and meet all of the following criteria:

- Receiving care from Child and Adolescent Mental Health Services (CAMHS) with ongoing case management by CAMHS. Ideally the child should be receiving a service from a Tier 3 Forensic Child and Adolescent Mental Health Service.
- Have a mental disorder (including mental illness or neurodevelopmental disorder) and/or significant adversity/trauma with related severe psychological difficulties.
- Present a serious risk to others (this would often be encapsulated in a seriously violent index offence/alleged index offence or an index offence/alleged index offence threatening or inciting serious violence). Youth Justice involvement is not a prerequisite for a referral to be accepted as indicators of the presence of risk can manifest in other ways and criminal charges may not have been brought due to a range of reasons. Preventative intervention also requires that children and young people presenting a significant risk to others, who have not received any criminal convictions have access to FACS.
    - For young people presenting to the FAC service with a diagnosed /documented learning disability, individuals will be assessed on a case by case basis with respect to suitability for the clinical service.

Given the nature of the service, it is expected that most children and young people referred will be aged between 12 and 18 years old, however children aged 11 years or younger would be accepted in exceptional circumstances. Such referrals would be considered on a case by case basis.

[1] NEST framework (mental health and wellbeing) | GOV.WALES

2.2 Service description

The overarching aim is to provide an all Wales highly specialist consultation service to CAMHS regarding the care and treatment of children and young people who, in the context of mental disorder(s) or significant adversity/trauma and related severe psychological difficulties, present a serious risk to others and includes:

- A consultation and advice service to Tier 2, 3, and 4 CAMHS professionals supporting children and young people who meet the referral criteria, including when the young person is accommodated in Hillside Secure Children's Home or Parc Young Persons' Unit.
- Facilitating and overseeing the pathway for children and young people aged up to 18 years requiring admission to medium secure inpatient services.
- Direct assessment of children and young people and the family and/or professional systems around the young person may at times be indicated.
- Providing training to other healthcare professionals.
- Research.

2.2.1 Consultation and Advice to CAMHS

Consultation should be offered to Tier 2, 3 and 4 CAMHS professionals seeking support with formulation, completion of risk assessments and managing risks and risk reduction approaches.

A single consultation with a FACS team member (telephone, video conference or in-person) can be requested by a CAMHS professional (in writing or by telephone). Partnership agency professionals may additionally contact FACS for non-individual specific advice.

Facilitating and overseeing the pathway for children and young people requiring admission to medium secure inpatient services

FACS provides gatekeeping to medium secure inpatient services for children and young people under 18 years old. Decisions regarding this are made by Consultant Psychiatrist(s) as the Responsible Clinician(s).

FACS should monitor children and young people admitted to the Adolescent medium secure estate and attend and contribute to the Mental Health Measure Wales (2010)/Care Programme Approach[12], working in partnership with local agencies to plan for discharge.

The FACS team does not have Care Coordinator responsibilities, this remains within the Tier 2/3 CAMHS locality team.

[12] http://www.mentalhealthwales.net/mental-health-measure/

Direct sessions with children and young people and/or the family may at times be indicated

When clinically indicated, the FACS team may undertake direct sessions with the family and/or young person.

Family sessions would often involve either information gathering by FACS clinicians to inform FACS' understanding of the young person's early life history and developmental history, and/or to understand the system in which the young person is currently functioning.

FACS might also seek understanding of the parent/carer's perception of the child or young person's presentation and risks. FACS would also use such sessions to share important information about managing the risks with the parents or carers. FACS would ensure that any such work did not confuse any work with the family by CAMHS therapists, and it would not be a substitute for any work which CAMHS would otherwise plan to do, formal family therapy is not offered through FACS.

Where a child or young person is residing in a secure environment, then some of this work may involve the case manager/key worker of the child, and/or other staff who were interacting with the child on a near daily basis. However the role of FACS is not to provide support to staff employed by either institution to enable them to fulfil their professional roles.

Whilst FACS would usually work primarily with the CAMHS clinicians and other agencies to help them support the child or young person, at times it will be clinically necessary for the FACS clinician to meet directly with the child or young person. This may be as part of a structured risk assessment, in which the child or young person's views on their behaviours and associated risks would be a key facet of the assessment.

If FACS are asked to provide a gatekeeping assessment of a child or young person with a view to them being referred to the English Medium Secure Unit network, then a direct assessment of the child or young person is likely to be required.

There may be other times when a Tier 3 FCAMHS clinician requests the expertise of a FACS clinician on a particular aspect of the child or young person's presentation or mental state and a session involving the child or young person directly is indicated.

The FACS team may contribute to psychological assessment for a small number of complex children or young people where their psychological needs underpin risk, and this is likely to require direct assessment of the child or young person.

This range of options is not intended to be exhaustive and each scenario would be based on clinical judgement and the clinical presentation and risks relating to each child or young person.

Education, training and research

FACS organises the National Forensic Interest Group, which was set up to share good practice amongst professionals working with or interested in, forensic adolescent populations.

As an All Wales Service, FACS also has a role in planning and conducting service evaluation, quality improvement and primary research with the support of the host Health Board's audit, governance and research and development departments.

FACS should ensure that Tier 2 and 3 CAMHS/FCAMHS services are aware of the role of Tier 4 FACS. FACS should maintain effective working partnerships with these services.

FACS should offer support and training to meet the needs of S-CAMHS in Parc Young Persons' Unit which is outlined in section 2.2.2.

Other interventions

The FACS Team should provide advice and consultation to CAMHS regarding the therapeutic interventions that are appropriate to the risk and clinical needs of the child at the time.

2.2.2 Consultation and Advice to Specialist CAMHS (S-CAMHS) in Parc Young Persons' Unit

The following elements form part of the FAC service offer to Parc Young Persons' Unit for all children and young people regardless of whether they are on remand or sentenced:

Consultation on complex cases referred by S-CAMHS with access to full FAC service for cases meeting thresholds

The referral process and patient pathway will align with the Core FACs referral process and patient pathway (see Annex i, ii and iii).

Suitability for a referral to FACS will be considered within the weekly FACs MDT meeting. If a referral is accepted the pathway will be the same as if the child or young person was accommodated in a less restrictive residential or community setting.

FACS clinicians would be available to the S-CAMHS team to provide advice and consultation on the child or young person's management and in relation to possible interventions.

A structured assessment of risk may be undertaken collaboratively with the S-CAMHS team, and/or the FACS team may contribute to psychological assessment for a small number of complex children or young people where their psychological needs underpin risk.

Alongside the formal referral pathway, the FACs team should provide a monthly MDT meeting for the S-CAMHS team to discuss any cases for advice. This mirrors the approach for community Tier 3 Forensic CAMH services.

Assessment and gatekeeping for those requiring referral to medium secure services

Where the S-CAMHS team is concerned that the the child or young person's mental health requires treatment in a hospital and consider them likely to be detainable under the relevant section of the Mental Health Act 1983/2007, S-CAMHS should refer the child or young person to FACs for a gatekeeping assessment.

The FACS team act as the gatekeepers for medium secure hospital beds and liaise with the Welsh Health Specialised Services Committee (WHSSC) as the commissioners to arrange transfer where clinically indicated.

Where the clinical risk and the Ministry of Justice (MoJ) accept that a transfer to a low secure bed is appropriate, the FACS team will direct the S-CAMHS team to liaise with the gatekeepers for these beds.

FACS should monitor children and young people admitted to the Adolescent medium secure estate and attend and contribute to the Mental Health Measure Wales (2010)/Care Programme Approach, working in partnership with the S-CAMHS team and relevant other agencies to plan for the child or young person's transfer/discharge from the medium secure estate.
For children and young people returning from a psychiatric hospital following treatment under the Mental Health Act 1983/2007 the S-CAMHS team will work with the secure provider regarding the child or young person's timely return to the establishment.

For English children or young people detained in Parc Young Persons' Unit who require a gatekeeping assessment, S-CAMHS could refer to FACS for this in the first instance and FACS would then liaise with the child or young person's home CAMHS coupled with a referral to the English network if appropriate.

Support and training for S-CAMHS staff involved in the provision of services in Parc Young Persons' Unit

As part of the FACS team's training role, they should be available to the S-CAMHS team to provide any necessary training on forensic specific topics to ensure that the team supporting the young person is appropriately informed.

2.2.3 Consultation and Advice to Specialist CAMHS (S-CAMHS) in Hillside Secure Children's Home

The elements within this section (2.2.3) should form part of the FAC service offer to Hillside Secure Children's Home for all children or young people who meet the referral criteria regardless of whether they are detained under criminal justice or welfare legislation.

Consultation on complex cases referred by CAMHS with access to full FAC service for cases meeting thresholds

The referral process and patient pathway should align with the Core FACS referral process and patient pathway (see Annex i, ii and iii).

Suitability for a referral to FACS will be considered within the weekly FACS MDT meeting.

If a referral is accepted the pathway will be the same as if the child or young person is accommodated in a less restrictive residential or community setting.

FACS clinicians should be available to case holding CAMHS teams responsible for children or young people detained in Hillside Secure Children's Home, to provide advice and consultation on the child or young person's management, and possible interventions.

A structured assessment of risk may be undertaken collaboratively with the case holding CAMHS team.

The FACS team may contribute to psychological assessment for a small number of complex children or young people where their psychological needs underpin risk.

Assessment and gatekeeping for those requiring referral to medium secure services

Where the case holding CAMHS team is concerned that the child or young person's mental health requires treatment in a hospital and consider the child or young person likely to be detainable under the relevant section of

the Mental Health Act 1983/2007,[13] the care co-ordinator or consultant psychiatrist of the case holding CAMHS team should refer the child or young person to FACS for a gatekeeping assessment.

The FACS team act as the gatekeepers for medium secure hospital beds and liaise with the Welsh Health Specialised Services Committee (WHSSC) as the commissioners to arrange transfer where clinically indicated.

On occasion, it may be appropriate to seek transfer of a young person to a low, rather than medium, secure hospital bed. In these instances the FACS team will direct the CAMHS team to liaise with the gatekeepers for these beds. For those children and young people detained under criminal justice legislation this would however require agreement from the Ministry of Justice (MoJ) as well as from the relevant gatekeepers and hospital bed providers.

FACS should monitor children and young people admitted to the Adolescent medium secure estate and attend and contribute to the Mental Health Wales Measure 2010, working in partnership with the CAMHS team and relevant other agencies to plan for the child or young person's transfer/discharge from the medium secure estate.

For children and young people returning from a psychiatric hospital following treatment under the Mental Health Act 1983/2007 the CAMHS team will work with the secure provider regarding the child or young person's timely return to the establishment, should that be the discharge destination.

For English children or young people detained in Parc Young Persons' Unit or Hillside Secure Children's Home who require a gatekeeping assessment, S-CAMHS should refer to FACS in the first instance. FACS then liaise with the child or young person's home CAMHS with a referral to the English network if appropriate.

Support and training for CAMHS staff involved in the provision of services in Hillside Secure Children's Home

The FACS team should be available to the CAMHS team to provide any necessary training on forensic specific topics to ensure that the team supporting the child or young person is appropriately informed.

2.3 Service Requirements

In addition to the standards required within the Contract, specific quality standards and measures will be expected. The provider should also meet the standards as set out below.

[13] https://www.legislation.gov.uk/ukpga/1983/20
https://www.legislation.gov.uk/ukpga/2007/12/contents

2.3.1 Facilities and equipment

The FAC service should have:

- Access to technology and communications that support remote and lone working.
- Administrative support, dictation equipment, translation resources, office space and facilities such as meeting room access, and video conferencing required to host meetings.
- Access to specialist professional tools, including professional structured professional judgement tools and psychometric assessments (various domains including but not limited to cognitive, emotional, interpersonal and behavioural functioning).
- Access to mandatory training and specialist training (training in specialist assessment; intervention approaches to support recommendations, legal frameworks to support decision making).
- Supervision structures, access to professional networks and legal advice.

2.3.2 Staffing

The clinical team is multi-disciplinary, the core team consists of the following professionals providing expert consultation:

- Forensic Psychiatry
- Clinical Psychology (with forensic experience)
- Nursing
- Specialist in Harmful Sexual Behaviour
- Specialist in Systemic/Family Therapy
- Dedicated administration support.

2.3.3 Referral

A Consultant Psychiatrist, or senior CAMHS professional in a Care Coordinator role or other suitably qualified health professional with the knowledge of the Consultant Psychiatrist can refer to FACS.

Referrals to the service should be made via email to:

- CTM.FACS.Referrals@wales.nhs.uk

The CAMHS professional should provide the following for children and young people under Part 2 of Mental Health Wales Measure 2010:

- A Care and Treatment Plan (CTP) (unless extenuating circumstances involving the urgency of the referral combined with the child or young person being recently under Part 2 preclude this, in which case the

CTP can be sent to FACS subsequently, but in any event within the 6 month time frame allowed by the Mental Health Measure).

- Standardised risk assessment (WARRN or Betsi Cadwaladr University Health Board Risk Assessment).

The referring CAMHS professional should retain care coordination responsibilities where relevant.

The CAMHS professional should request consent for FACS involvement from the child or young person and a parent/legal guardian if they are aged under 16 years or lacking capacity. Where consent is refused, FACS should discuss this in the team meeting with consideration of safeguarding, best interests and managing serious risk to others.

2.3.4 Meetings

Weekly Team Meeting

Referrals should be discussed by the multidisciplinary team (MDT) in the weekly team meeting. Discussion should include:

- the suitability of the referral
- if further information is required
- if the case is open to FACS.

Accepted referrals will progress to a meetings phase where the referrer's core concerns are identified and actions to be taken are planned. Sometimes an initial consultation will be necessary to gather further information from the referrer and potentially other professionals involved to enable FACS to establish whether the referral meets the threshold for FACS.

Where a referral is not suitable for FACS, signposting to other services or advice should be offered where appropriate.

Meetings Phase

The meetings phase should involve at least one multidisciplinary (MDT) meeting to identify the referrer's core concerns and the needs of the child or young person. Minutes and action points of the meeting should be taken by the FACS team.

Infrequently the meetings phase may include a meeting with the child or young person (if appropriate) and/or parent/legal guardian.

Team Meeting Reviews

Decisions made from the meeting phase should be reviewed in the weekly team meeting to ensure there is team agreement and communication on future work.

Where areas of further work by FACS is offered, a single professional should be designated as the lead clinician.

A written summary of the meetings phase and outcomes should be provided to the referrer by FACS team.

For those that are not offered further work by FACS, recommendations should be made for signposting or attention of other services.

Post Meetings Phase

The following types of work by FACS may be indicated in the action points from the meetings phase. Reports generated should be provided to the referrer and relevant parties and are not intended for use in court proceedings. Types of work include:

- **Risk Assessment**

  FACS professionals should be trained in the structured professional judgement paradigm including a variety of structured risk assessment tools and associated strength based paradigms.

- **Formulation**

  Specific aspects of a presentation may be related to risk concerns. Formulation should aid the multiagency understanding of risk behaviour.

- **Development of risk management/risk reduction approaches**

  Reports should be generated following formulation of risk behaviour and structured professional judgements of risk and specific clinical presentations, including recommendations for risk management and reduction.

- **Consideration for detention in conditions of security under Mental Health Act**

  FACS provide gatekeeping to medium secure inpatient services for children and young people aged under 18 years. Decisions regarding this are made by a Consultant Psychiatrist.

  FACS should monitor children and young people admitted to the adolescent medium secure estate and should attend and contribute to the Mental Health Wales Measure 2010 working in partnership with local agencies to plan for discharge.

FACS should not adopt a Care Coordinator role, this remains within the Tier 2/3 CAMHS locality team.

2.4 Interdependencies with other services or providers

FACS should work with agencies as appropriate and required.

National level

- Nationally recognised providers of specialist secure adolescent medium and low secure in-patient care for children or young people with mental or neurodevelopmental disorders, including learning disability or autism.
- Youth justice custodial settings (Young Offender Institutions (YOIs) and secure children's homes).
- Secure welfare settings.
- Other providers of highly specialist residential or educational care for children and young people.

Regional and local level

- Local establishments providing secure mental health or neurodisability or other inpatient care for children and young people or those providing other secure care on youth justice or welfare grounds.
- Commissioners of CAMHS (including Learning Disability and neurodevelopmental) services.
- Public Health.
- Senior managers in children's social care in different local authorities.
- Youth justice (YOT) services and youth and crown courts.
- NHS and independent providers of non-secure in-patient care.
- Providers of residential care.
- Providers of special education.
- Police, in particular senior officers responsible for youth justice, but also teams particularly involved with children and young people (e.g. child abuse investigation units).
- 3rd sector organisations working with children and young people, particularly those who are hard to engage.
- Crown Prosecution Service, in particular decision-makers in relation to youth crime.
- Safeguarding leads in all organisations (e.g. named and designated professionals, local authority and education safeguarding leads).
- All services working with children and young people (e.g. CAMHS, social care, education, substance misuse, youth justice).

- Adult mental health and forensic mental health services (including those for people with neurodevelopmental difficulties, including learning disability and autism.

2.5 Exclusion Criteria

Children aged under 12 years old would not usually be accepted by FACS but may be on a case by case basis in exceptional circumstances.

FACS does not undertake expert witness reports for the purpose of the courts.

2.6 Acceptance Criteria

The proposed service outlined in this specification is for children and young people ordinarily resident in Wales, or otherwise the commissioning responsibility of the NHS in Wales. This excludes children and young people who whilst resident in Wales, are registered with a GP practice in England (unless they are detained in Parc Young Persons' Unit or Hillside secure children's home and open to a Welsh NHS CAMHS), but includes patients resident in England who are registered with a GP Practice in Wales.

If a child or young person is ordinarily resident in Wales and their family, or home Local Authority in the case of Children who are Looked After are in Wales but the child or young person is placed in England, then if appropriate FACS could be involved. This should be considered on a case by case basis.

2.7 FACS Pathway (Annex i, ii and iii)

The FACS pathways for CAMHS and S-CAMHS in Parc Young Persons' Unit and Hillside Secure Children's Home are illustrated in Annex i, ii and iii.

2.8 Service provider/Designated Centre

FACS has clinicians based in North and South Wales, providing a service across the whole of Wales, operating during normal office hours only.

The geographical base, offices and admin support are located in:

- Tŷ Liddiard /Litchard House
  Princess of Wales Hospital
  Coity Road
  Bridgend
  CF31 1RQ

Telephone: DPA

Virtual service provision should be offered as required. All services should operate during normal office hours.

2.9 Exceptions

If the patient does not meet the criteria for treatment as outlined in this policy, an Individual Patient Funding Request (IPFR) can be submitted for consideration in line with the All Wales Policy: Making Decisions on Individual Patient Funding Requests. The request will then be considered by the All Wales IPFR Panel.

If the patient wishes to be referred to a provider outside of the agreed pathway, an IPFR should be submitted.

Further information on making IPFR requests can be found at: Welsh Health Specialised Services Committee (WHSSC) | Individual Patient Funding Requests

3. Quality and Patient Safety

The provider should work to written quality standards and provide monitoring information to the lead commissioner. The quality management systems must be externally audited and accredited.

3.1 Quality Indicators (Standards)

The provider will be expected to monitor and report against the following quality indicators. Indicators are subject to further development and change. Data should be submitted on a quarterly basis to: whssc.information@wales.nhs.uk

Indicator Number	Indicator	Data source
Clinical Outcomes		
QIFACS01	Percentage of open FACS cases where the referring CAMHS practitioner has communicated their aims and goals for consultation with each referral.	Provider data
QIFACS02	Percentage of FACS cases closed in the previous 6 calendar months which have had the GBOs reviewed and completed by the referring clinician at the point of case closure.	Provider data
QIFACS03	Percentage of Professionals' Meetings convened by FACS attended by at least 2 clinicians from FACS	Provider data
Referrer Experience		
QIFACS04	Percentage of Core FACS referrals discussed in the team meeting within 5 working days and responded to within 10 working days	Provider data
Structure and Process		
QIFACS05	FACS staffing establishment against plan	Provider data
QIFACS06	Percentage of clinical staff compliant with Level 3 Safeguarding Children training	Provider data
QIFACS07	Percentage of SAVRYS and HCR-20s which are completed or counter-signed by clinicians who have completed SAVRY/HCR-20 training for the version of the tool utilised in the report.	Provider data

The provider is required to seek feedback from referral agencies on a regular basis and report key actions to WHSSC as part of the routine monitoring process.

The provider should keep a securely stored record of all children and young people referred, including:

- demographic data
- reason for referral
- source of referral
- identified needs
- statutory status where available
- time frame of initial service response.

Consideration of this data will enable review and future planning of service offered. The service will also be required to identify appropriate outcome measures.

3.2 Legislation

The service must adhere to the following legislation:

- Children Act 2004 UK Public General Acts 2004
- Human Rights Act 1998 UK Public General Acts 1998
- Mental Capacity Act 2005 UK Public General Acts
- Mental Health Act 1983 UK Public General Acts 1983
- Mental Health Wales Measure 2010 Measures of the National Assembly for Wales 2010
- Rights of Children and Young Persons Wales Measure 2010 Measures of the National Assembly for Wales 2011
- Social Services and Wellbeing Wales Act 2014 Acts of the National Assembly for Wales 2014
- United Nations Convention on the Rights of the Child 1989
- Well-being of Future Generations Wales Act 2015 Acts of the National Assembly for Wales 2015
- Human Rights Act 1998 UK Public General Acts 1998
- The Children Act 1989 and 2004 UK Public General Acts 2004
- Criminal Justice Act 1988 UK Public General Acts 1988
- Criminal Justice Act 2003 UK Public General Acts 2003
- The Autism Act 2009 UK Public General Acts 2009
- Working Together to Safeguard Children 2010 and relevant subsequent legislation, UK Government
- Welsh Language Wales Measure 2011(Wales) Measure 2011 Measures of the National Assembly for Wales 2011

3.3 National Standards

The service should aim to adhere to the following standards and guidelines:

- All Wales Safeguarding Procedures 2008 Welsh Government
- All Wales Safeguarding Procedures
- Mental Health Code of Practice for Wales 2016 Welsh Government
- WHBN 03-02 Facilities for Child and Adolescent Mental Health Services; WHBN 03-02 Facilities for Child and Adolescent Mental Health Services 2017 NHS Wales Shared Services Partnership, 2017
- Standards of any applicable professional bodies; Nursing and Midwifery Council (NMC), General Medical Council (GMC)

3.4 Guidelines

- NICE guidelines for relevant diagnostic conditions, settings and scenarios

4. Performance monitoring and Information Requirement

4.1 Performance Monitoring

WHSSC will be responsible for commissioning services in line with this policy. This will include agreeing appropriate information and procedures to monitor the performance of organisations.

For the services defined in this policy the following approach will be adopted:

- Service providers to evidence quality and performance controls
- Service providers to evidence compliance with standards of care

WHSSC will conduct performance and quality reviews on an annual basis

4.2 Key Performance Indicators

The provider will be expected to monitor against the full list of Quality Indicators derived from the service description components described in Section 2.2.

The provider should also monitor the appropriateness of referrals into the service and provide regular feedback to referrers on inappropriate referrals, identifying any trends or potential educational needs.

In particular, the provider will be expected to monitor against the following target outcomes for their work with CAMHS:

Indicator Number	Indicator	Data
KPIFACS01	New Referrals	Provider data
KPIFACS02	New Referrals Accepted	Provider data
KPIFACS03	New Referrals Not Accepted	Provider data
KPIFACS04	Number of Professionals Meetings arranged by and attended by FACS	Provider data
KPIFACS05	Number of Professionals Meetings arranged by partner agency but attended by FACS	Provider data
KPIFACS06	Number of Written Reports sent out by FACS	Provider data
KPIFACS07	Number of Professional Letters written and sent out by FACS	Provider data
KPIFACS08	Number of cases formally consulted on by FACS from Tier 2 CAMHS, Tier 3 CAMHS	Provider data

	(excluding FCAMHS), or Tier 4 (inpatient) CAMHS	
KPIFACS09	Number of cases FACS has formally consulted on as referred by Tier 3 FCAMHS (including cases in the monthly meetings)	Provider data
KPIFACS10	Number of cases formally closed by FACS with written confirmation sent	Provider data

4.3 Date of Review

This document is scheduled for review in 2026 where we will check if any new evidence is available.

If an update is carried out the policy will remain extant until the revised policy is published.

5. Equality Impact and Assessment

The Equality Impact Assessment (EQIA) process has been developed to help promote fair and equal treatment in the delivery of health services. It aims to enable Welsh Health Specialised Services Committee to identify and eliminate detrimental treatment caused by the adverse impact of health service policies upon groups and individuals for reasons of race, gender re-assignment, disability, sex, sexual orientation, age, religion and belief, marriage and civil partnership, pregnancy and maternity and language (Welsh).

This policy has been subjected to an Equality Impact Assessment.

The Assessment demonstrates the policy is robust and there is no potential for discrimination or adverse impact. All opportunities to promote equality have been taken.

6. Putting Things Right

6.1 Raising a Concern

Whilst every effort has been made to ensure that decisions made under this policy are robust and appropriate for the patient group, it is acknowledged that there may be occasions when the patient or their representative are not happy with decisions made or the treatment provided.

The patient or their representative should be guided by the clinician, or the member of NHS staff with whom the concern is raised, to the appropriate arrangements for management of their concern.

If a patient or their representative is unhappy with the care provided during the treatment or the clinical decision to withdraw treatment provided under this policy, the patient and/or their representative should be guided to the LHB for NHS Putting Things Right. For services provided outside NHS Wales the patient or their representative should be guided to the NHS Trust Concerns Procedure, with a copy of the concern being sent to WHSSC.

6.2 Individual Patient Funding Request (IPFR)

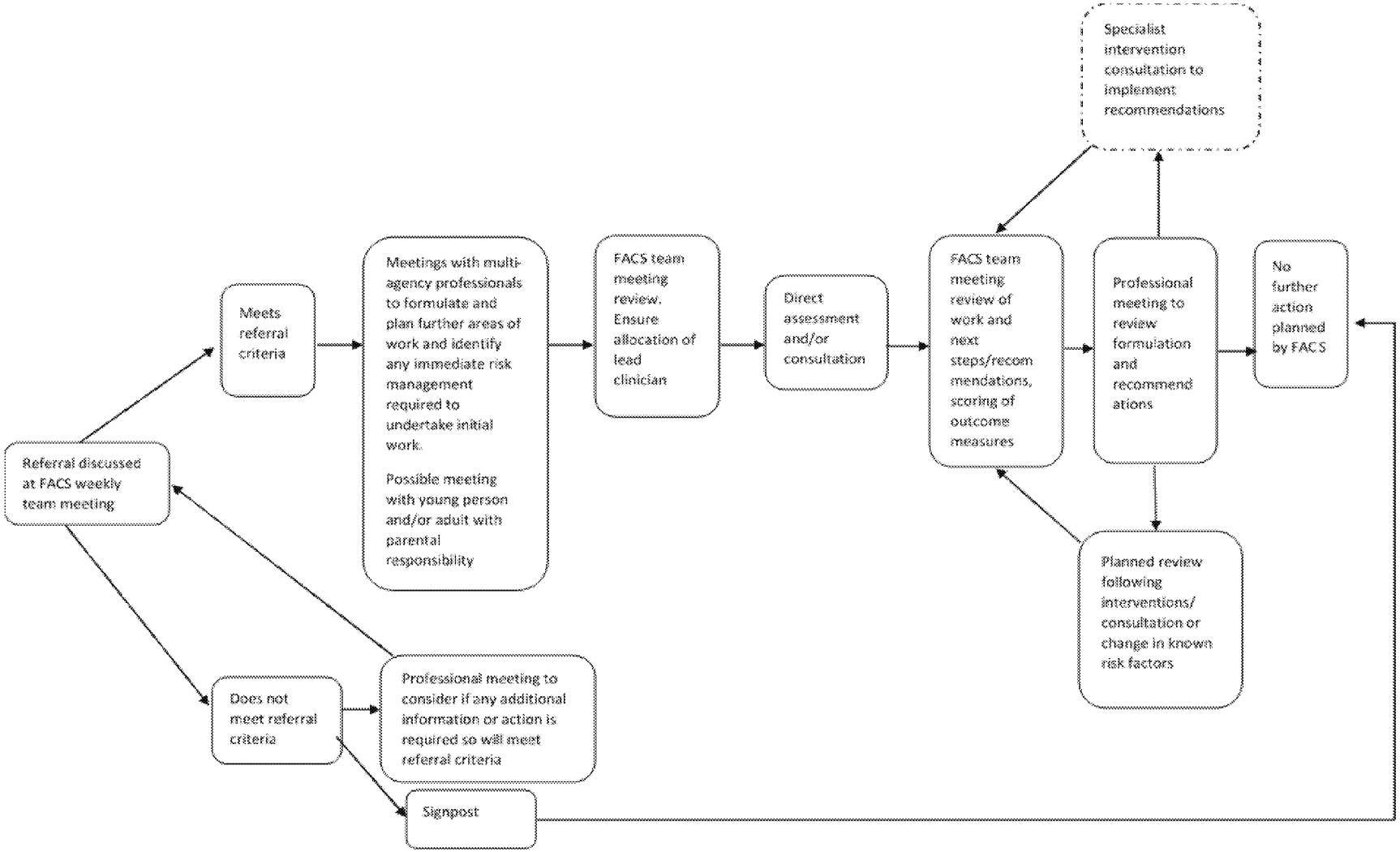
If the patient does not meet the criteria for treatment as outlined in this policy, an Individual Patient Funding Request (IPFR) can be submitted for consideration in line with the All Wales Policy: Making Decisions on Individual Patient Funding Requests. The request will then be considered by the All Wales IPFR Panel.

If an IPFR is declined by the Panel, a patient and/or their NHS clinician has the right to request information about how the decision was reached. If the patient and their NHS clinician feel the process has not been followed in accordance with this policy, arrangements can be made for an independent review of the process to be undertaken by the patient's Local Health Board. The ground for the review, which are detailed in the All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR), must be clearly stated

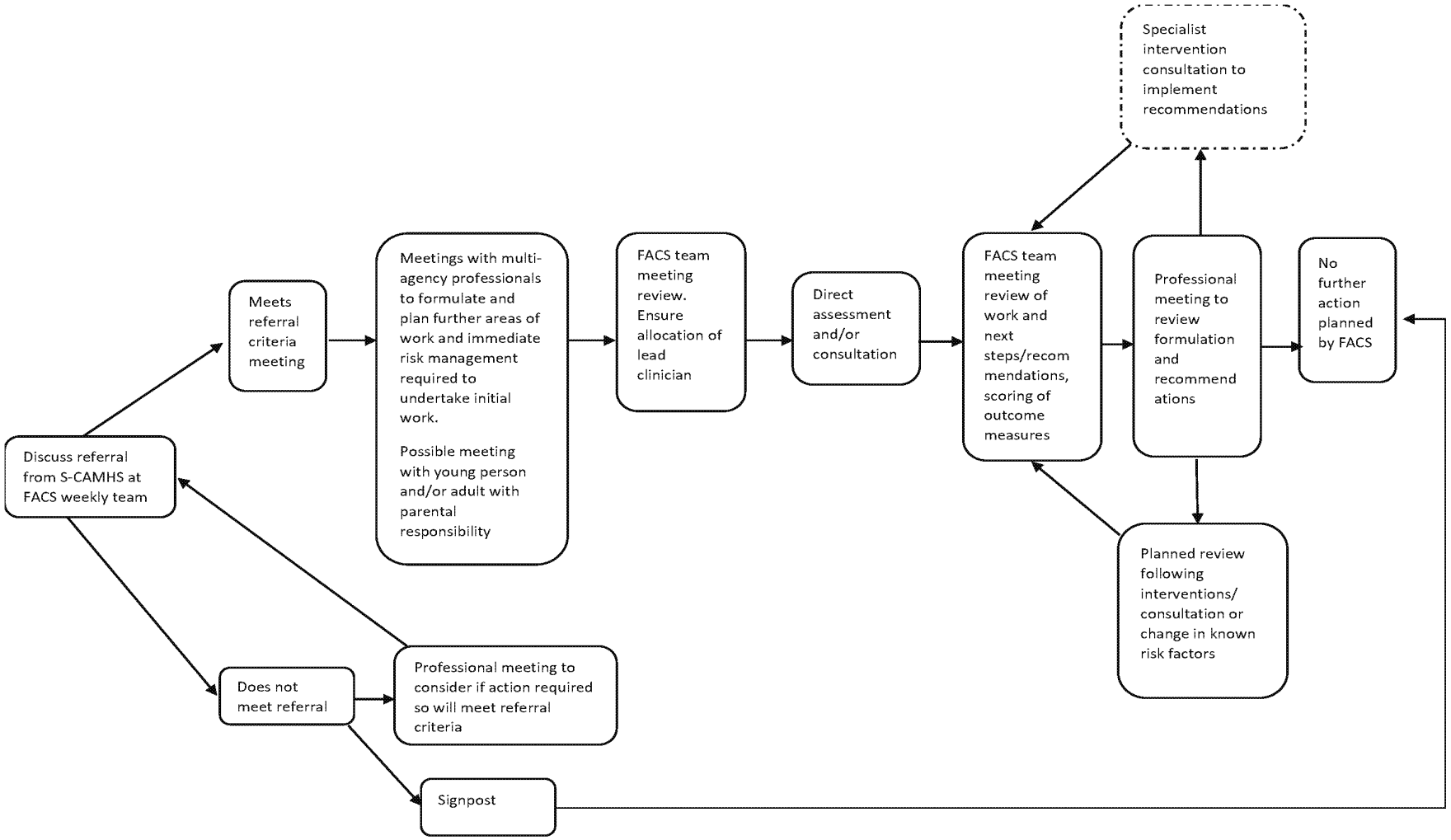
If the patient wishes to be referred to a provider outside of the agreed pathway, and IPFR should be submitted.

Further information on making IPFR requests can be found at: Welsh Health Specialised Services Committee (WHSSC) | Individual Patient Funding Requests

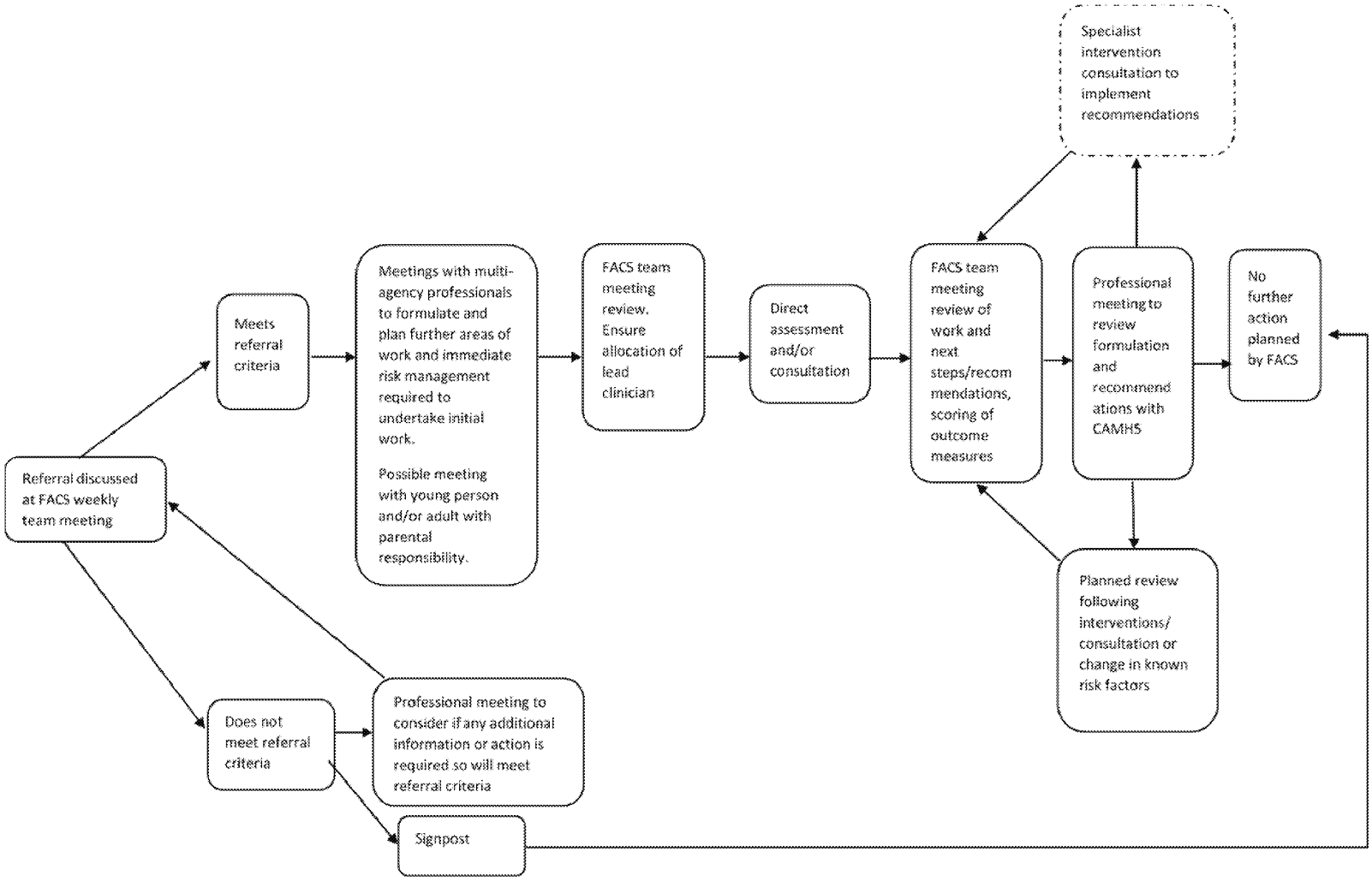
Annex i FACS Pathway – Consultation and Advice to CAMHS



Annex ii FACS Pathway – Consultation and Advice to S-CAMHS in Parc Young Persons' Unit



Annex iii FACS Pathway – Consultation and Advice to Tier2/3 CAMHS case holding children in Hillside



Annex iv Abbreviations and Glossary

Abbreviations

AWMSG	All Wales Medicines Strategy Group
CAMHS	Child and Adolescent Mental Health Service
S-CAMHS	Specialist CAMHS
FACS	Forensic Adolescent Consultation Service
GBO	Goal Based Outcomes
IPFR	Individual Patient Funding Request
SMC	Scottish Medicines Consortium
WHSSC	Welsh Health Specialised Services Committee

Glossary

Individual Patient Funding Request (IPFR)
An IPFR is a request to Welsh Health Specialised Services Committee (WHSSC) to fund an intervention, device or treatment for patients that fall outside the range of services and treatments routinely provided across Wales.

Welsh Health Specialised Services Committee (WHSSC)
WHSSC is a joint committee of the seven local health boards in Wales. The purpose of WHSSC is to ensure that the population of Wales has fair and equitable access to the full range of Specialised Services and Tertiary Services. WHSSC ensures that specialised services are commissioned from providers that have the appropriate experience and expertise. They ensure that these providers are able to provide a robust, high quality and sustainable services, which are safe for patients and are cost effective for NHS Wales.