**CYP IAPT Midlands Collaborative**

**Learning Event: Self-Referral Readiness Document**

The purpose of this document is to provide framework for sites considering implementing a self-referral process to understand how prepared their system and services are currently. The aim is that this document can be used as an assessment to support implementation plans, and has been developed to enable baseline and subsequent follow-up measurement in implementing a self-referral process.

Component parts:

In order to consider the component parts there will need to be consideration undertaken at three levels**.** These are

1. An individual clinical level
2. An overall service and system wide level
3. Multi agency partnership level.

All stakeholder will include commissioners, service users and parents as well as all the multi-agency service provision

The document l has been designed for staff to benchmark where they believe their own service is in relation to self-assess as an aid to service change and/ or transformation.

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| No  | Component  | Where are we??? | Next Steps needed  |
|  | **Individual clinical level (interacting with young people and staff)**  |
| 1.0 | **Preparing staff** |  |  |
| 1.1 | Capacity: Assurances for staff on how capacity and demand will be monitored? |  |  |
| 1.2 | Values: What personal staff values does self-referral fit with (increasing access to service; patient-centred care). Essential to ensure the whole team understand the rationale for providing a self-referral process. |  |  |
| 1.3 | Local Knowledge: What knowledge do clinicians and managers need to know in terms of the ‘Local Offer’/services directory, for children’s services within the area? (Kooth; emotional well-being and resilience teams in schools for example). How will this be maintained? |  |  |
| 1.4 | Training:What do we need staff to know in terms of the self-referral process we will be implementing?e.g. Consent?  |  |  |
| 1.5 | Staff involvement:How have staff been involved in the development of the self-referral process alongside other stakeholders such as service users and commissioners? |  |  |
| 2.0 | **Service wide (working) level**  |
| 2.1 | Coordinated approach:How will we ensure there is a consistent approach implemented across the service? How is work coordinated? |  |  |  |
| 2.2 | Data:What data do we need to include to ensure the self-referral process is evaluated to assure increased service access to service users?What data do we need in terms of local demographics to inform the service of demand within the local area? |  |  |  |
| 2.3 | Information for service users and stakeholders: What is the ‘digital offer’ – this includes the service website alongside web-based services that are provided in addition to CAMHS. |  |  |  |
| 2.4 | Consent: What measures has the service taken to assure that issues of consent have been addressed in terms of additional training for staff, documentation and providing information for all stakeholders? |  |  |  |
| 2.5  | Documentation:Do we need to revise current capacity and consent documentation? |  |  |  |
| 2.6 | Documentation:What documentation do we need to develop to ensure action plans can be completed effectively and efficiently by clinicians providing advice, information and containment for the self-referral telephone line? |  |  |  |
| 3.0 | **Multi agency stakeholder/ process level (commissioning and multi-agency strategy, parents, young people and carer co production/ consultation)**  |
| 3.1 | Commissioner involvement:How will the service level agreement include self-referral provision? – Confirmation of funding: this may need to be moved from another service area – Has a Quality Impact Assessment been completed? |  |  |  |
| 3.2 | Is agreement of where resources should be directed to ensure this process provides effective responses to service users? |  |  |  |
| 3.3  | Service users:How have service users been involved in the development of a self-referral process? |  |  |  |
| 3.4  | Service user support groups:What support systems currently exist within the area that could work in partnership with CAMHS to support all service users who contact CAMHS?Do we need to liaise with groups such as ‘Roller Coaster’ in Co Durham and Darlington to look at good practice? |  |  |  |
| 3.5 | Inclusion of services additional to CAMHS providing mental health interventions:How do we assure sign-up to the extended pathway for mental health provision outside of CAMHS that meet the requirements of Future in Mind (FiM) to ensure that response to ‘crisis’ identified by service users is provided when CAMHS is not required, or when a multi-agency response is required? |  |  |  |
| 3.6 | Involvement/sign up from referrers:How will we involve referrers such as GP’s whose current consultation processes are limited? Do we need to  |  |  |  |

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| Action Plan |
| Next Steps needed | **Person responsible**  | **To be completed by – Date**  |
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