

## Rating scale for CAMHS Local Authority PI CF/A70

In August 2005 CSCI notified CSSRs that a new PI relating to CAMHS would be included in the 2005-06 PI set. The notification stated :

*The final definition of the PI will be agreed between CSCI and DfES and DH in summer 2005 and will be collected via NHS returns to Strategic Health Authorities or to the Durham University CAMHS mapping team. The PI will cover answers to the following:*

- 1. Was a full range of CAMH services for children and young people with learning disabilities commissioned for your council area?*
- 2. Did 16 and 17 year olds from your council area who require mental health services have access to services appropriate to their age and level of maturity?*
- 3. Were arrangements in place for your council area to ensure that 24 hour cover is available to meet urgent mental health needs of children and young people and for a specialist mental health assessment to be undertaken within 24 hours or the next working day where indicated?*
- 4. Were protocols in place for your council area for partnership working between agencies for children and young people with complex, persistent and severe behavioural and mental health needs.*

*Rather than having an open and closed answer 'yes' / 'no' to each of the four elements of the PI, there may be a rating for each measure above and a scoring system which allocates points towards an overall PI more appropriately.*

The new PI reflects development in local authority areas of key services for children and adolescents. It has four components, the first three of which relate to a PSA target on CAMHS services. The scoring used is broadly in line with the Self Assessment matrix for 2005-06 – each of the components features in this matrix<sup>1</sup>. The plans and protocols for each component must be part of the overall strategy for the CAMHS service developed for each CAMHS partnership in line with the NSF.

Councils are to report their self assessed score on each of the four components via the Durham CAMHS mapping website (<http://www.camhsmapping.org.uk/2005/index.php>) at 31.1.06. All data should be complete by 28.2.06. The registration process to submit data is accessible via indicating 'LA commissioner' on the web-page <http://www.camhsmapping.org.uk/2005/registration.php> and choosing your council name on the following screen.

The responses are to relate to the position across the local authority (where there may be more than one CAMHS partnership) as at that date.

Helpdesk support is available from 0191 334 1489. This number will be manned from 9.30 to 4.30 weekdays with a finish at 1.00pm on Wednesdays. Outside these hours an answer machine will operate. Alternatively email [service.mapping@durham.ac.uk](mailto:service.mapping@durham.ac.uk)

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<sup>1</sup> See *CAMHS Partnership self assessment matrix 2005-06*  
(at <http://www.hascas.org.uk/camhs/partnership.htm>)

Component 1 : in 6 : Multi agency provision of specialist services (item viii) and 9 Accessibility (item vi)

Component 2 : in 6 : Multi agency provision of specialist services and 9 Accessibility (item v)

Component 3 : in 5 : Multi agency provision of targeted services (item vi) and 9 Accessibility

Component 4 : in 5 : Multi agency provision of specialist services (item xv) and 9 Accessibility

All four components should be set within a local plan developed in partnership and reflecting needs assessment (in 2 : Strategy) and workforce issues (in 7: Workforce)

## **Component 1:**

At January 31 2006, has a full range of CAMH services for children and young people with *learning disabilities* been commissioned for the council area?

### **Detailed Definition**

Partnership working and protocols are in place to ensure that co-ordinated and integrated packages of care are available for children and young people to meet their health, education and social needs. Including links between CAMHS and other services for children with learning disabilities including special educational needs services, paediatrics and children with disability services;

Services should be provided by staff who have the necessary training and competencies to deal with children with learning difficulties and mental health needs.

Children and young people with learning disabilities should receive equal access to CAMHS, including:

- Mental health promotion and early intervention (including attention to attachment and parenting issues);
- Training and support to front-line professionals, in particular in the recognition of normal development and developmental delay;
- Adequately resourced Tiers 2 and 3 learning disability specialist CAMHS with staff with the necessary competencies to address mental health difficulties in children and young people with learning disabilities or pervasive developmental disorders; and
- Access to Tier 4 services providing in-patient, day-patient and outreach units for children and adolescents with learning disabilities and severe and complex neuro-psychiatric symptomatology.

Commissioners ensure that joint agency planning and commissioning takes place between health, children's services (including social care and education) and the voluntary sector for children and adolescence with learning disabilities who have severe, enduring and complex needs.

### **Rating for Component 1 as at 31 January 2006**

**1: None of the above in place OR Strategic plans for the council area have yet to address the needs of children and young people with learning disabilities and mental health needs.**

**2: Plans and protocols for children and young people with learning disabilities and mental health needs are in place: services have yet to be put in place.**

**3: Plans and protocols for children and young people with learning disabilities and mental health needs are in place: some services are in place, some are still to be developed so as to provide cover across the whole council area.**

**4:A fully comprehensive CAMH Service for children with learning disabilities and mental health needs is available, including fully implemented protocols between services and appropriately trained staff, covering the whole council area.**

**Component 2:**

As at January 31 2006, do *16 and 17 year olds* from the council area who require mental health services have access to services appropriate to their age and level of maturity?

**Detailed Definition**

The availability of the full range of CAMHS for 16 and 17 year olds. [NB: this does not mean that these services need to be provided under the auspices of CAMHS in all cases. There may be cases where adolescents prefer to be treated in an adult mental health environment. The provision of CAMHS and, in particular, the interface with adult mental health services should be sufficiently flexible to allow patient choice to be taken into account in determining the most appropriate delivery of assessment and treatment.]

The following aspects of service need to be in place for a positive response to be given to this question:

- Young people under eighteen years of age are provided with services which meet their developmental needs.
- Local agreements are in place for handling referrals of young people to ensure that there are no gaps in service provision and that there is scope for choice and flexibility.
- Written protocols are in place and implemented with PCTs and provider trusts to ensure that young people experience a smooth transition of care between child and adult services.
- Services ensure that attention is paid to the child protection needs (in line with ACPC policies) and the dignity and safety of young people cared for in adult psychiatric beds.
- CAMHS and adult mental health services collaborate to develop early intervention teams for young people with early onset psychosis.
- The Care Programme Approach is used when young people are discharged from in-patient care and on transition from child and adolescent to adult services.

**Rating for Component 2 as at January 31 2006**

**1: None of the above are in place OR Strategic plans for the council area have yet to address the needs of 16 and 17 year olds who require mental health services.**

**2: Plans and protocols for 16 and 17 year olds who require mental health services are in place: services have yet to be put in place.**

**3: Plans and protocols for 16 and 17 year olds who require mental health services are in place: some services are in place, some are still to be developed so as to provide cover across the whole council area.**

**4:A fully comprehensive CAMH service for 16 and 17 year olds who require mental health services is available, including fully implemented protocols between services and appropriately trained staff, covering the whole council area.**

### **Component 3 :**

As at 31 January 2006, are arrangements in place for the council area to ensure that 24 hour cover is available to meet urgent mental health needs of children and young people and for a specialist mental health assessment to be undertaken within 24 hours or the next working day where indicated?

### **Detailed Definition**

Local authorities with Primary Care Trusts ensure that policies and protocols for the management of children and young people with emergency\* mental health needs are developed in partnership. This includes :

- The availability of 24 hour / seven days a week cover to meet urgent needs (see \* below for definition of urgent needs), and to undertake a specialist mental health assessment within 24 hours or by the end of the next working day. [NB There will be a variety of ways of providing this provision. In most cases it will involve informing possible referral points such as A&E Departments, GP out of hours services, police, etc, of appropriate contact information for on-call CAMHS specialist staff.]

***Note:** An on-call service is a 24/7 response provided by either a dedicated staff team working on a rota basis or by an out-of-hours service which works in tandem with a service providing an emergency same-day response within office hours.*

- All staff who are involved in providing these services receive specific training for this purpose.

#### **\* Definition of an 'emergency' and 'urgent needs'**

Children and young people presenting as emergencies or as requiring urgent assessment and intervention include those who have rapidly developed a serious or life-threatening condition, for example, a young person who is psychotic or suicidal; those whose needs have become urgent as a consequence of the more routine services being unavailable to them in a timely way; and those about whom adults are urgently seeking reassurance and support.

### **Rating for Component 3 as at January 31 2006**

**1: Strategic plans for the council area have yet to address the needs for 24 hour / 7 days per week access for emergencies and/or for specialist mental health assessment within 24 hours.**

**2: Protocols and plans are in place : services have yet to be put in place.**

**3: Protocols and plans are in place but are only partially implemented**

(i.e. Specialist CAMH service providers within the council area, between them, include on-call provision to cover emergencies in local children and young people [this may be provided by just one agency] OR An emergency service is provided which will see children by the end of the next working day).

**4: Protocols and plans are in place and are fully implemented.**

(i.e. specialist CAMHS workers are on call and offer next day follow up. Specialist CAMH service providers within the council area, between them, include on-call provision to cover emergencies in local children and young people (this may be provided by just one agency). The on-call is provided exclusively by CAMHS professionals.)

**Component 4:**

At January 31 2006, are *protocols in place* for the council area for partnership working between agencies for children and young people with complex, persistent and severe behavioural and mental health needs?

**Detailed Definition**

Agreements for those with complex, persistent and severe behavioural and mental health needs are in place between health, children's services (education and social care) and youth justice which may be organised across several PCT/LA boundaries for:

- Joint funding
- Assessment
- Provision of services, including specialist residential or foster care for the above young people.

Contingency arrangements have been agreed at senior officer level between health and children's services (education and social care) to meet the needs and manage associated risks for this group of young people.

**Rating for component 4 as at January 31 2006**

**1: No protocols or partnership services are in place for children and young people with complex, persistent and severe behavioural and mental health needs.**

**2: Protocols and plans at an early stage of development: agreed access arrangements are not yet operating.**

**3: Protocols and plans are in place: access arrangements are operating but not across the whole council area.**

**4: Protocols and plans are in place : access arrangements for services are fully operational.**

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**Verification of scores submitted by councils**

PCTs are reporting via the LDPR on the first 3 components of this PI to SHAs as at the end of each quarter.

Regional development workers (RDWs) will be aware of the position in each council area.

CAMHS partnerships will be completing their 2005-06 self assessment which covers each of the aspects of this PI.

The position in each council which has a Joint Area Review in the year will be reviewed along with other CAMHS services data.

### **Using the scores on the 4 components to create bands for the PI**

This will be discussed with ADSS representatives on December 1st 2005 and councils will be notified as to the calculation as soon as possible thereafter, with information on other PI bandings for 2005-06.