National CAMHS Support Service

Revision of the CAMHS SAM for NCSS

July 2009

cernis

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Introduction to the CAMHS Self Assessment Matrix

This revised CAMHS Self Assessment Matrix (SAM) is designed to be submitted online, but the discussions should take place in your CAMHS Partnership as a group. We suggest that following discussion one person takes responsibility for completing the online version.

The online version can be found at http://www.chimat.co.uk. Follow the links to 'Tools and Data'.

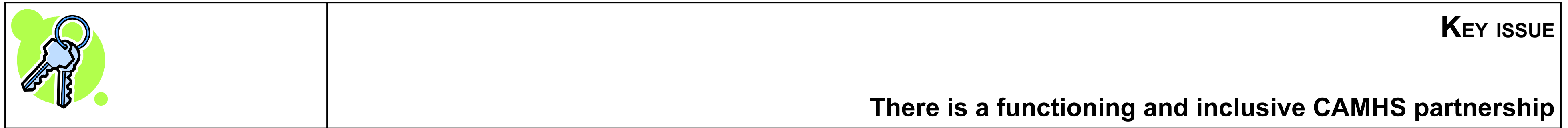
The person who completes the online version will need a log-in. Usually the Chair of the CAMHS Partnership has this log-in and can add other people. If you do not have a log-in and no-one else in the Partnership can help, contact your CAMHS RDW.

When discussing the CAMHS SAM in your Partnership we suggest that you also have to hand your CAMHS Partnership Profile. This is an accompanying document which provides information specific to your Partnership from Children's Services Mapping and other sources, including your PSA 12 responses.

The Partnership Profile is signposted from your CAMHS SAM page or can be accessed directly via the following link:

http://www.childrensmapping.org.uk/results/partnershipprofile.php

When the CAMHS SAM has been completed online a PDF of the finished version can be downloaded for distribution as required.



KEY ISSUE

There is a functioning and inclusive CAMHS partnership

Rationale / Policy

NSF standard:

3. There is an agreed process to plan local service provision in partnership and provide co-ordinated care

CAMHS Review

We ... recommend that areas set up local multi-agency boards for children's mental health and psychological well-being, or other appropriate local arrangements to facilitate this

Scoring: 0 - Not achieved, 1 - Started working towards, 2 - Good progress, 3 - Achieved fully

Partnership working

	Component	*Guidance*	*Evidence*	*Comments and Score*
I	Inclusive membership of executive CAMHS Commissioning Group	CAMHS commissioner, CAMHS manager, clinical lead, Adult MH, LEA (also Principal EP and SEBD schools rep) Children and Families, voluntary sector,(particularly BME groups) SureStart / Children's Centres, YOT manager, DAAT lead, user representative(s), Healthy Schools Co-ordinator.		
ii	Transparent decision making process	Written terms of reference for a smaller identified decision making group (may be called a steering group or cabinet) and clarity about its relation to the wider board. Documented and available to all members of group. Have block contracts been disaggregated? Financial and activity data is shared	Date of most recent Terms of Reference:	
iii	Clear responsibility for financial decision making	Names of those who hold budgets. In the case of pooled budgets, accountability is clear. Possibly expert financial input.	Date of written financial agreement	

Partnership working

	Component	*Guidance*	*Evidence*	*Comments and Score*
iv	Clear arrangements for chairing	The role definition should include the criteria for selection of the Chair and any limitations regarding the duration of tenure	Date of written role description .... Date of inter-agency agreement on chairing :..........................	
vii	Clear lines of accountability to Children and Young People's Partnership	Included in terms of reference and available as a map / diagram. Include reference to the MHPW Board and also relationship to TaMHS	Date of structure chart:	
vii	CAMHS strategy	A written strategy, reviewed at least annually, to which all major stakeholders are signed up. Likely to comprise (or include) a summary of not more than 10 pages. The CAMHS Strategy may be a component of the Children & Young Peoples' Plan, which will have a duration of no more than 3 years and must be reviewed annually.	End date of current strategy: .../.../... Date signed off by CYPSP:	

Partnership working

	Component	*Guidance*	*Evidence*	*Comments and Score*
viii	Strategy implementation or action plan	May be called a partnership business plan or other local name, includes commitment to resource allocation according to agreed priorities and timetable for action, with clarity around who is responsible for what, time of delivery and costings.	Date of last annual review:........................	

Rationale / Policy

NSF standard:

3.4 There is an agreed process to plan local service provision in partnership and provide co-ordinated care

4.2 Young people are consulted in the planning and development of local services.

5.1 At a strategic level, agencies and professionals work in partnership with each other, service users and members of the local community, in accordance with their agreed ACPC (or its successor, the Local Safeguarding Children Board) annual business plan.

ECM outcome:

Achieve economic well-being

5. Community regeneration initiatives include action to address the needs of children and young people and their families

5.2 Initiatives are targeted at the most needy areas and address the broad range of family needs in an integrated way

Scoring: 0 - Not achieved, 1 - Started working towards, 2 - Good progress, 3 - Achieved fully

(Return to Workforce) | Go to Commissioning

Strategy

	Question	*Guidance*	*Measurement*	*Comments and Score*
i	Locally adjusted epidemiological information on the prevalence of mental health problems	Reflects the diversity of the population and other local demographic circumstances. Should be reviewed / updated every 3-5 years. Needs Assessment is a mandatory component of the Children & Young Peoples' Plan. The CAMHS (component of the) needs assessment should draw from and be consistent with the Joint Strategic Needs Assessment Is there a clear statement of priorities arising from the needs assessment – i.e. the link to strategy / commissioning priorities? Does the needs assessment include evidence of consultation with Schools	Date of last CAMHS needs assessment:..............................	
ii				

Strategy

	Question	*Guidance*	*Measurement*	*Comments and Score*
	Assessment of the needs of specific groups of children who are at risk or vulnerable	Including, as a minimum, BME, Children Looked After, those with LD	Targeted services exist for: a. LAC b. YCJ c. NEETs d. LD e. LGBT f. BME g. Travellers h. Asylum Seeker i. Homeless	
iii	Analysis of unmet need/service gaps	Including consideration of emergency cover and arrangements for up to 18th birthday (likely to include a summary version in bullet points on 1-2 pages)		
iv	Service map showing services providesd and service usage	Presented as a table or diagram(s), to include: * all elements of provision (including locations, buildings/ facilities) * all lines of management responsibility.	Have all services been recorded on Children's Services Mapping? (Yes / No)	

Strategy

	Question	Guidance	Measurement	Comments and Score
v	Views of stakeholders (return to stakeholders in Accessibility)	Mechanisms for consulting with stake-holders and making use of existing information e.g. via audits, compliments, complaints, other feedback In NHS Trusts and Children's Trusts, young people are actively involved in service design and development, for example through the constitution of a young people's board. (You're Welcome) Evidence of consultation with stakeholders and particularly service users and the wider community of potential users and carers; Schools; Primary Care		
vi	views of service users taken into account when revising or planning services	Mechanisms for consulting with service users and making use of information already provided e.g. via routine outcome evaluation and/of focus groups. *The service invites all clients to give their opinions of the service offered and whether it met their needs – for example by providing a suggestions or comments box with pen and paper in the waiting area, or through online feedback.* (You're Welcome)		

Strategy

	Question	*Guidance*	*Measurement*	*Comments and Score*
vii	evidence of effectiveness and efficacy of interventions and service models taken into account	Key interventions to be prioritised are based on the best available evidence a. Reflected in the needs assessment and strategy b. Implementation of NICE guidelines c. Care Pathways in place (list)		
viii	Commitment to Every Child Matters, NSF and implementation of NICE guidance	Strategy reflects ECM outcomes + NSF standards/ markers of good practice and NICE guidance / recommendations. These should be embedded in the strategy – not simply a restatement of these two policy documents		
ix	Clear priorities for commissioning	Listed with some ordering of key priorities as set out above	As for implementation plan (viii) above	

Strategy

	Question	*Guidance*	*Measurement*	*Comments and Score*
x	Joint investment plans for use of PCT and SSD allocations	Demonstrates shared priorities and collaboration. CYPP guidance promotes an even greater emphasis on maintaining those services focused on prevention and early intervention, recommending clarity on how priorities have been costed, the resources identified and where accountabilities lie for resources (pooled or otherwise).		
xi	Audit and mapping of workforce capacity	The NCSS workforce planning tool provides a useful framework for this. Have providers adopted New Ways of Working / Creating Capable Teams Approach? Are Teams using CAPA or Lean approaches?		

Strategy

	Question	*Guidance*	*Measurement*	*Comments and Score*
xii	Each agency providing children's services makes a contribution to comprehensive CAMHS.	Clarity and agreement around universal, targeted and specialist provision - what it is and who provides it. Consider: Relative investment in CAMHS Implementation of Healthy Schools and SEAL (numbers) Evidence of joint training / consultation arrangements	See finance component of Partnership scorecard above	

KEY ISSUE

A commissioning strategy is in place

Rationale / Policy

NSF standard

3.6 The views of children, young people and their parents inform the needs based commissioning strategies, developed by Local Authorities and Primary Care Trusts and Children's Trusts.

Shifting the Balance of Power (DH, 2001)

National Standard for Local Action under Public Service Agreement [formerly Priorities and Planning Framework] (DH, 2004)

Scoring: 0 - Not achieved, 1 - Started working towards, 2 - Good progress, 3 - Achieved fully

Commissioning

	Question	*Guidance*	*Measurement*	*Comments and Score*
i	Identified joint commissioners with requisite skills and authority	Trained or experienced in relation to CAMHS. Does the CAMHS Commissioning Manager have sufficient hours in the week to focus meaningfully on CAMHS? Are any other commissioning responsibilities consistent with CAMHS or very different?		
ii	Joint commissioning makes use of pooled budgets and Health Act Flexibilities	Notional pooling puts all the CAMHS money, from whatever source, into a hypothetical pot and spends it according to agreed, joint priorities. (This works for many partnerships)	Date of formal agreement: .... See finance section in Partnership scorecard	
iii	Transparent links from needs assessment to commissioning decisions	A lay person could make the connection between the stated unmet need/service gaps and the priorities for commissioning.	a. Covered above under strategy and needs assessment	
iv	Separate specialist commissioning group on a supra-district/regional level	Dealing only with low volume, high cost care, often in-patient, also outreach, day care, etc.		

Commissioning

	Question	*Guidance*	*Measurement*	*Comments and Score*
v	Clear communication between commissioners of universal / targeted and specialist services	Clear pathways from local and community based services, into and out of specialist care, reflected in relationship between the two levels of commissioning. Are there clear protocols describing the relationship of the two commissioning systems?		
vi	100% of the indicative CAMHS Mental Health Grant in the ABG is directed to the emotional health and well-being of children and young people	Indicative CAMHS Mental Health Grant expenditure is jointly agreed and monitored by the CAMHS Joint Commissioning Group.	What percentage of the indicative CAMHS Grant is committed to MHPW? See indicative allocation chart in the Partnership scorecard	
vii	Effective transition protocol with Adult Mental Health Joint commissioning makes use of pooled budgets and Health Act Flexibilities	Audited to show effectiveness of the protocol, with input from young people themselves Transition arrangements meet the requirements set out in 7.74 of the CAMHS Review	Date of agreed protocol: .../.../... Date of latest evaluation: .../.../... Protocol complies with 6 month expectation in CAMHS Review (Yes / No)	

NSF standard:

1.8 Primary Care Trusts and Local Authorities tailor health promotion services to the needs of disadvantaged groups, including children in special circumstances, identified through a local population needs assessment.

5.2 Agencies develop, implement and evaluate the effectiveness of policies, procedures and practices for safeguarding and promoting the welfare of children and young people including those concerned with the recruitment and management of staff.

5.3 Where there are concerns about a child's welfare, an assessment is undertaken in accordance with the Framework for the Assessment of Children in Need and their Families and plans are made, implemented and reviewed which result in each child achieving their optimal outcomes. Children and families are actively involved in these processes unless this would result in harm to the child.

9.1 All staff working directly with children and young people have sufficient knowledge, training and support to promote the psychological well-being of children, young people and their families and to identify early indicators of difficulty

9.2 Protocols for referral, support and early intervention are agreed between all agencies.

9.3 Child and adolescent mental health (CAMH) professionals provide a balance of direct and indirect services and are flexible about where children, young people and families are seen in order to improve access to high levels of CAMH expertise.

ECM outcome:

Enjoy & achieve

3. Children & young people are enabled and encouraged to attend and enjoy school

4. Children & young people are supported in developing personally and academically

Scoring: 0 - Not achieved, 1 - Started working towards, 2 - Good progress, 3 - Achieved fully

Multi-agency provision of universal services

	Question	*Guidance*	*Measurement*	*Comments and Score*
i	Education interface programme/s	MHPW contribution to Healthy Schools, extended schools, Behaviour Education Support Teams (BEST); TaMHS Referral to specialist CAMHS from education agreed. Clarity on CAMHS involvement with / contribution to mainstream schools, special schools, Extended Schools and PRUs. Consider most recent TaMHS Pathfinder RAG rating: R / A / G		
ii	Child protection (safeguarding programme)	All CAMH staff are trained in child protection, clear policies re co-operation, reporting and recording arrangements. Is there a Lead Nurse in post? What percentage of staff have up to date training?		

Multi-agency provision of universal services

	Question	*Guidance*	*Measurement*	*Comments and Score*
iii	Positive mental health promotion	Age appropriate, within contexts in which young people already meet / feel comfortable, accessible to all groups of young people. Information about mental well being for young people available: posters, leaflets and/or internet. Resources may be designed wholly or partly by young people themselves and readily available in a range of appropriate languages.		
iv	MHPWB awareness and training programme available to local childrens' workforce	Sustainable programme in place to achieve mental health awareness, based on clear principles for multi-disciplinary delivery and tailored to the in-service training opportunities available to different staff groups. Programme determined by the partnership's assessment of need, overseen and evaluated by specialist staff.		

Multi-agency provision of universal services

	Question	*Guidance*	*Measurement*	*Comments and Score*
v	Access to community based mental health services	a. Evidence of outreach services b. Presence of CAMHS in i. Extended schools ii. Primary Health Care settings iii. Children's Centres		

KEY ISSUE

There is CAMH input into specific at-risk or need groups.

Rationale / Policy

NSF standard:

1.8 Primary Care Trusts and Local Authorities tailor health promotion services to the needs of disadvantaged groups, including children in special circumstances, identified through a local population needs assessment.

2.5 Collaborative arrangements are in place between services for adults and those for children and families to ensure effective joint assessment and support/treatment to enhance parent's parenting capacity and protect and promote the well-being and welfare of children.

ECM outcome:

Make a positive contribution

2. Children & young people are helped to manage changes and respond to challenges in their lives

2.1 Children & young people are supported at key transition points in their lives

5. Children & young people who are looked after are helped to make a positive contribution

Be healthy

2.2 Children & young people are discouraged from smoking and substance abuse (including drugs, volatile substances and alcohol) and supported in giving up

7. Children & young people who are looked after are helped to be healthy

Enjoy & achieve

8. Children & young people who are looked after are helped to enjoy and achieve

Scoring: 0 - Not achieved, 1 - Started working towards, 2 - Good progress, 3 - Achieved fully

Multi-agency provision of targeted services

	Question	*Guidance*	*Measurement*	*Comments and Score*
i	In transition, i.e. refugee/ asylum seekers, homeless and travellers	CAMH services travel to their locations alongside core workers. Services offered by the voluntary sector receive specialist support and clear referral agreements. Staff working with these children are recruited from BME communities and have language skills appropriate to provide accessible services. CAMH staff receive additional training on engaging 'hard to reach' groups.	a. Targeted teams b. Care Pathways c. Inter-agency protocols d. Have you quantified the numbers in your area of: i. Refugee / Asylum Seeker Children ii. Homeless CYP iii. Traveller CYP	
ii	Who have mental health problems and also misuse substances	All CAMH staff have access to drug and alcohol training and clinicians within CAMHS who are more specialised in this area are identified. Where there is evidence of significant or serious substance misuse joint treatment between CAMHS and substance misuse services, or drug and alcohol services for children and young people co-located with CAMHS. Effective links and dialogue between the CAMHS and drug and alcohol team (DAT) partnerships.	a. Reflection of CAMHS in YP substance misuse Plan and vice versa b. DAAT membership of Partnership c. CAMHS sessions or consultancy to substance misuse teams / vice versa - *or* d. Joint CAMHS / Substance misuse team *or* e. CAMHS / Substance misuse team joint protocol	

Multi-agency provision of targeted services

	Question	*Guidance*	*Measurement*	*Comments and Score*
iii	Who have mental health problems and are or have been involved in criminal offences	Access to a range of CAMH interventions via youth offending service (YOS). Staff working directly with young offenders have basic training and awareness in CAMHS. Local agreements in place between YOS and CAMHS ensure timely access as required by the Youth Justice Board (YJB) targets.	a. CAMHS workers in YOT b. Integrated performance monitoring of CAMHS / YOT activity c. Evidence of diversion / early intervention programmes	
iv	Who are Looked After	Specialist staff trained in working in these settings, able to offer initial assessment and general interventions, training to staff and carers with consultation and support to them, advice to residential homes on the therapeutic environment and early access to specialised CAMH services for more severe/complex problems.	a. Clear care pathway for specialist advice and support b. CAMHS / LAC Team c. Training and consultation for: i. Social Workers (see also Tier 1 training above) ii. Foster Carers d. Clear position statement in relation to Responsible Commissioner guidelines	

Multi-agency provision of targeted services

	Question	*Guidance*	*Measurement*	*Comments and Score*
v	Who care for parents/others	Young carer support groups/ networks in place. Links between CAMHS and adult mental health services (AMH), provision of training on mental health issues to staff working with young carers, access to assessment and support and participation in activities that might include group work, counselling and therapies designed to increase personal coping and raise self esteem.	a. Reference in needs assessment b. Engagement of Partnership with Young Carers arrangements c. Protocol with adult services to ensure needs of young carers identified and appropriate signposting given	
vi	With longer term, complex needs that cannot be met by one agency	Multi-agency framework in place for the future delivery and monitoring of their care, informed by the Common Assessment Framework (CAF). A key worker appointed to assist the family in managing the interface with the various services supporting them. CAMH services contribute through attendance and provision of assessments and reports to meetings, support of the key-working system and support to other staff involved including co-working.	a. Reference in needs assessment b. Protocols between CAMHS and: i. CDCs ii. Children with Disabilities Teams iii. Community Paediatricians	

Multi-agency provision of targeted services

	Question	Guidance	Measurement	Comments and Score
vii	Whose belonging to a particular BME group causes specific disadvantage in gaining access to services	Special groups, based on unmet need and service gaps, predicated on consultation with (non) service users and voluntary sector. Offered in places where specific BME communities meet and with translated materials and/or interpreters.	a. Reference in needs assessment b. Feedback from service users re. accessibility and range of treatment options	

KEY ISSUE

Children and young people with complex mental health needs receive an effective, timely service.

Rationale / Policy

NSF standard:

6.3 Children, young people and parents are provided with information about their illness, diagnosis and treatment options, and relevant support networks and are able to participate in care planning and delivery.

6.4 Ill children and young people have access to high quality, evidence-based care developed through clinical governance and delivered by staff who have the right skills for assessment, diagnosis, treatment and ongoing care.

6.6 Health care is delivered in a way which promotes participation in education, thereby maximising the child or young person's potential.

9.2 Protocols for referral, support and early intervention are agreed between all agencies.

9.3 Child and adolescent mental health (CAMH) professionals provide a balance of direct and indirect services and are flexible about where children, young people and families are seen in order to improve access to high levels of CAMH expertise.

9.4 Children and young people are able to receive urgent mental health care when required, leading to a specialist mental health assessment where necessary within 24 hours or the next working day.

9.5. Child and adolescent mental health services are able to meet the needs of all young people including those aged sixteen and seventeen.

9.6 Young people up to eighteen years of age with mental health problems have access to age-appropriate services.

9.7 The needs of children and young people with complex, severe and persistent behavioural and mental health needs are met through a multi-agency approach. Contingency arrangements are agreed at senior officer levels between health, social services and education to meet the needs and manage the risks associated with this particular group.

9.9 Children and young people who require admission to hospital for mental health care have access to appropriate care in an environment suited to their age and development.

Scoring: 0 - Not achieved, 1 - Started working towards, 2 - Good progress, 3 - Achieved fully

Multi-agency provision of specialist services

	Question	*Guidance*	*Measurement*	*Comments and Score*
i	Hyperkinetic	Services in place for all age ranges including pre-school children and 16-17 year olds. Jointly agreed protocols and working between CAMHS and relevant other services ie LD, Education, DATs, paediatrics, neurology and a range of voluntary sector services. Concordance with NICE guidance, where guidance exists, as in ADHD, Depression. Parents and carers have clear support networks, information available and training where appropriate	a. Care Pathway b. Implementation of NICE Guidelines (CG72)	
ii	Emotional		a. Implementation of NICE Guidelines (CG28) b. Implementation of Healthy Schools / SEAL	
ii	Conduct		a. CAMHS presence in / consultation to PRUs / education otherwise services b. Parenting programmes	
iv	Eating		a. Implementation of NICE Guidelines (CG9) b. Commissioning of highly specialist services for children and young people	
v	Psychotic		a. Operational policy of EIPS b. Joint protocol between CAMHS / EIPS c. Transition protocol (see Commissioning viii above)	

Multi-agency provision of specialist services

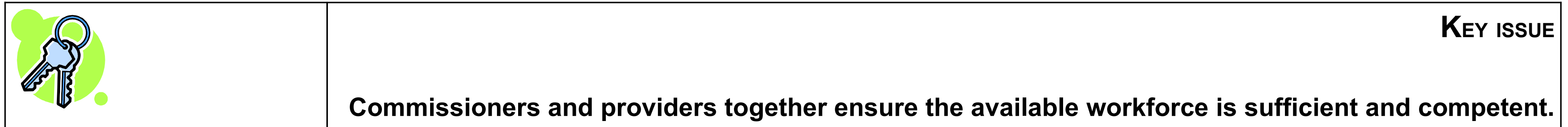
	Question	*Guidance*	*Measurement*	*Comments and Score*
vi	Deliberate Self Harm		a. Implementation of NICE Guidelines (CG16)	
vii	Substance Abuse		See ii above	
viii	Learning Disability (return to Accessibility)		a. Vital Signs (01) score b. CAMHS / LD Care Pathway c. Specialist CAMHS / LD workforce resources identified on Children's Services mapping d. Reflected in needs assessment	
ix	Habit			
x	Autistic Spectrum		a. ASD care pathway b. Training / consultation to Schools c. Implementation of NICE Guidelines when published	
xi	Developmental		a. As for long-term conditions (targeted services vi) above	

Multi-agency provision of specialist services

	Question	*Guidance*	*Measurement*	*Comments and Score*
xii	Who require intensive support and whose needs cannot be fully met by community and out-patient services	Services may include day patient provision, in patient care and intensive community support such as inreach/outreach. Intensive services offered as close to the young person's home as possible or arrangements made with SSD for help with transport for visiting.		
xiii	With early onset psychosis	Adult mental health services and Early Intervention (in Psychosis) Service (EIS). have support from CAMHS for rapid joint assessments and case management and for prescribing to under 16-year-olds. Also clear, audited referral pathways and joint training programmes.	Do local service models maintain fidelity to the model set out in the Policy Implementation Guide for EIPS?	

Multi-agency provision of specialist services

	Question	Guidance	Measurement	Comments and Score
xv	In crisis	24/7 emergency and crisis service likely to comprise as a minimum a Senior/experienced clinician available on rota, out of office hours, for consultation and to assess and respond to emergencies. The main service able to respond to crises arising out of hours and managed pending resumption of normal office duties. This service available to hospital A&E and paediatric wards, covering self harm and linked to the social services led Emergency Duty Team (EDT) as well as to any emergency services for children.	a. Protocols with: i. AMHS Crisis Resolution Teams ii. Social Services Duty Teams iii. A&E Departments iv. Police b. Crisis prevention / early intervention plans with service users / carers c. Access to 24 hour CAMHS specialist intervention / consultation	



KEY ISSUE

Commissioners and providers together ensure the available workforce is sufficient and competent.

Rationale / Policy

NSF standard

3.8 All staff working with children and young people receive training and are skilled in the Common core of skills, knowledge and competencies set out in this standard which enable them to communicate with children and young people and their parents, and assist them to achieve their full potential.

5.6 Agencies provide staff working with children, young people and families with supervision and with support to enable them to manage the stresses inherent in this work, implement systems which quality assure the services they provide or commission, and ensure their staff use effective systems to record their work with children and families.

9.1 All staff working directly with children and young people have sufficient knowledge, training and support to promote the psychological well-being of children, young people and their families and to identify early indicators of difficulty

9.3 Child and adolescent mental health (CAMH) professionals provide a balance of direct and indirect services and are flexible about where children, young people and families are seen in order to improve access to high levels of CAMH expertise

ECM outcome

Be healthy

6. Children & young people's mental health is supported

Scoring: 0 - Not achieved, 1 - Started working towards, 2 - Good progress, 3 - Achieved fully

Workforce

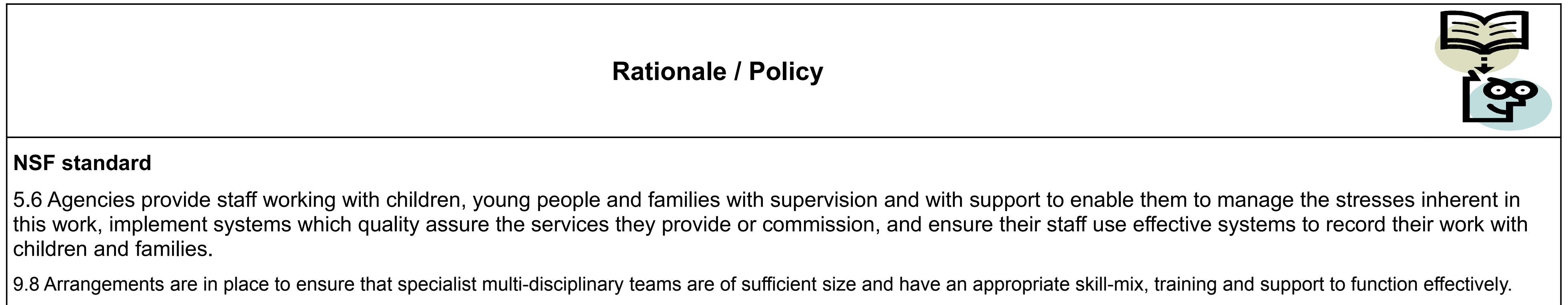
	Question	*Guidance*	*Measurement*	*Comments and Score*
i	Teams have the capacity to provide support, consultation and face-to-face work in primary care settings	Where support is offered by specialists to primary care workers this is costed into budgets and documented formally through agreements/protocols.	a. Evidence would be in the delivery of services as in (universal v.) above	
ii	Teams have the capacity to provide specialist and multi-disciplinary services	Commissioners demonstrate joint responsibility for these teams and co-operate/collaborate in monitoring/evaluating them.	a. Provision of Tier 2 and Tier 3 services b. Staffing levels within *x*% of *Comprehensive CAMHS / RCPsych* guidelines c. Waiting lists within national targets (capacity indication)	0
iii	Teams have the capacity to enable staff to provide and participate in teaching, training, consultation and liaison, research and audit	Commissioners account for the cost implications and providers demonstrate value for money. There are tangible benefits for staff and service users as a result of these activities.	a. Recognition of these components in the service specification	

Workforce

	Question	*Guidance*	*Measurement*	*Comments and Score*
iv	Teams have the resources and training to meet the mental health needs of the population served	Summary needs assessment is matched to evidence based effective interventions, which in turn are matched to skills profile, skill mix and training programmes. Sufficient numbers in the specialist service: 15 per 100,000 population in non teaching service, 20 in a teaching service. (See ii above and Strategy scorecard)	a. As (workforce ii.) above b. Workforce is able to respond to the demographics of the population through means including: i. Representation / provision of choice in terms of BME / gender within employed workforce ii. Access to external resources to meet need iii. Training and supervision	

KEY ISSUE

Specialist CAMHS has an appropriate and robust infra-structure in place



Rationale / Policy

NSF standard

5.6 Agencies provide staff working with children, young people and families with supervision and with support to enable them to manage the stresses inherent in this work, implement systems which quality assure the services they provide or commission, and ensure their staff use effective systems to record their work with children and families.

9.8 Arrangements are in place to ensure that specialist multi-disciplinary teams are of sufficient size and have an appropriate skill-mix, training and support to function effectively.

Scoring: 0 - Not achieved, 1 - Started working towards, 2 - Good progress, 3 - Achieved fully

Specialist CAMHS infrastructure

	Question	*Guidance*	*Measurement*	*Comments and Score*
i	A dedicated CAMHS manager	The manager has sufficient capacity to prepare returns and other papers for the partnership and commissioners, is experienced and informed enough to participate in decision making within the partnership, works closely with senior clinicians in ensuring quality.	a. CAMHS WTE as percentage of overall role b. AfC grade	
ii	Sufficient administration and secretarial support	All staff have allocated admin time/support, planned on an equitable basis. Admin staff are able to run the patient administration/records/data system as well as conduct case-related work.	The *RCPsych* recommended guideline is 0.3 admin support per clinician	
iii	Networked IT and telephones	All staff have access to a networked computer at some point during the working day. Staff are proficient in email and internet usage and can access sites about evidence based practice.		

Specialist CAMHS infrastructure

	Question	*Guidance*	*Measurement*	*Comments and Score*
iv	Appropriate offices & buildings for clinical work	Consulting rooms are fit for purpose, staff have a desk and telephone and are not overcrowded. Buildings are hygienic and safe. There is an observed reception space, with areas for younger children as well as older adolescents. Confidentiality and privacy and are not compromised by the built environment.	Compliance with *You're Welcome* criteria for the environment (section 4)	
v	Availability of clinical resources e.g., play material, video equipment and one way screens	Clinical staff feel they have enough equipment, sufficiently well maintained, to carry out assessments and interventions.		
vi	Research and evaluation programme/s and support of evidence based practice	Staff encouraged to lead/participate in research and evaluation, with the support of the partnership. Findings are disseminated to the partnership and changes to practice can be seen to result from findings.		
vii	Staff supported to participate in clinical governance, specifically clinical audit	The results of clinical audits can be seen to make changes/ improvements to practice. Audits include a service user perspective.	Provider's Clinical Governance policy	

KEY ISSUE

Accessibility is ensured and demonstrated for all groups.

Rationale / Policy

NSF standard

3.3 Children and young people and their families have opportunities to access health and local authority primary care services, in a range of settings such as early years settings, especially children's centres, extended schools or drop-in centres.

3.4 There is an agreed process to plan local service provision in partnership and provide co-ordinated care.

8.1 Disabled children are able to access all mainstream children's services. These promote active participation and inclusion in childhood, family and community activities.

9.6 All children and young people with both a learning disability and a mental health disorder have access to appropriate child and adolescent mental health services

CAMHS Review

Children and young people and their families who are vulnerable (such as children in care, children with disabilities and children with behavioural, emotional and social difficulties) should be confident that, in addition to the above (high quality assessment; lead person; clear routes to specialist help; information):

a. their mental health needs will be assessed alongside all their other needs, no matter where the need is initially identified

b. an individualised package of care will be available to them so that their personal circumstances, and the particular settings in which they receive their primary support, appropriately influence the care and support they receive

CAMHS Review:

To improve the access that children, young people and their families have to mental health and psychological well-being support, local areas should set out a clear description of the services that are available locally. These will include services to promote mental health and psychological well-

being, early intervention support and high-quality, timely, responsive and appropriate specialist services which span the full spectrum of children's mental health and psychological needs.

Scoring: 0 - Not achieved, 1 - Started working towards, 2 - Good progress, 3 - Achieved fully

Accessibility

	Question	*Guidance*	*Measurement*	*Comments and Score*
i	Services offered in convenient locations, in a number of settings and at a variety of times.	Young people, children and families are able to exercise choice in the location and timing of appointments.	a. As for (universal v.) above b. Service user feedback (i.e. CHI ESQ) a. Compliance with *You're Welcome* criteria for the environment (section 4)	
ii	Services are accessible by public transport within a reasonable travelling time and / or have access to parking space	Parking spaces set aside for visitors, or permits available. Public transport information, including bus and train routes, goes out with every first letter.	a. Compliance with *You're Welcome* criteria for the environment (section 4) b. Service user feedback (i.e. CHI ESQ)	
iii	Waiting times are within government targets		a. Evidence of regular monitoring by Partnership b. LDPR c. Children's Services Mapping	

Accessibility

	Question	*Guidance*	*Measurement*	*Comments and Score*
iv	All young people can receive an appropriate service including those from "hard to reach", vulnerable or otherwise disadvantaged and/or stigmatised groups.	Inter-agency and collaborative monitoring of take-up in these, and other risk groups alongside consultation with individuals or their advocates. Services/projects designed to increase awareness/referral/take-up are available.		
v	Young people aged 16 and 17 are able to receive a full service	Adolescent-friendly environments are used and the staff providing the service to 16-17 year olds have specific training with this age group. Effective links with adult services.	a. VSB 12_02 b. CAMHS Strategy	
vi	Young people with learning disabilities and mental health needs are able to receive a full service	Access to specialist services with expertise in both areas. Some children with mild learning disability are best served within community CAMHS, whilst others with more severe disability require specialist LD provision. Joint protocols and planning between CAMHS and LD services ensure no child fails to get a service.	a. VSB 12_01 b. CAMHS Strategy	

KEY ISSUE

Service users find the provision is appropriate and acceptable to their needs.

Rationale / Policy

NSF Standard

3.1 Every child, young person and parent is actively involved in decisions about the child's health and well-being, based on appropriate information.

4.6 Young people up to eighteen years of age with mental health problems have access to age-appropriate services.

8.9 A range of flexible, sensitive services available to support those affected by the death of a disabled child or a child with a life-limiting illness.

Standard 9 Rationale, 2.11

Services for children and young people should be provided irrespective of their gender, race, religion, ability, culture or sexuality.

9.9 All services routinely audit their work. Data collected is made available in appropriate form, to clinicians, users and commissioners. As a minimum, all services evaluate outcome from the perspective of users (including where possible the referred child or young person as well as key family members or carers) and providers of the service

ECM outcome

Make a positive contribution

3. Children & young people are encouraged to participate in decision making and to support the community

3.4 Children & young people are encouraged to participate in the planning and management of services and activities

Be healthy

8. Children & young people with learning difficulties & disabilities are helped to be healthy

Race Relations (Amendment) Act 2000

Scoring: 0 - Not achieved, 1 - Started working towards, 2 - Good progress, 3 - Achieved fully

Appropriateness and acceptability

	Question	*Guidance*	*Measurement*	*Comments and Score*
i	Routine evaluation of outcome is in place and evidence used to inform service development	The service may be a member of the CAMHS Outcomes Research Consortium (CORC), or will be routinely using SDQ, HONOSCA, ESQ and summarising the results for the partnership and to inform/account to commissioners.		
ii	Mechanisms to fully involve young people, parents/carers in development and evaluation in place	Service users are consulted on the strategy and invited to be involved in task groups within the partnership.	a. Evidence of consultations with CYP which have elicited views on emotional well-being b. Evidence of consultation with CYP and carers in relation to the needs assessment and strategy c. Evidence of user for a being established and regularly taking place d. Evidence of user engagement in the clinical governance process	
iii	The staff mix reflects the diversity of the community	Positive steps have been taken to ensure that the staff reflects the make up of the local population or is sensitive to the needs of the diverse members of the local population. This may be evidenced by training in cultural competency etc.		

Appropriateness and acceptability

	Question	*Guidance*	*Measurement*	*Comments and Score*
iv	Young people with physical disabilities and/or ill health are able to receive a full service	Services in the community are equally accessible to those with physical disabilities. Range of services including the Child Health Surveillance teams and Paediatric Liaison. Multi-agency services such as palliative care teams, hospital at home services, services for deaf people contain a CAMH element and the CAMH staff receive training on the specific needs of these clients and families. Each of these groups has at least a nominated lead within the CAMH service.		