Service Specification No. 1213_camhs_1.0

Service Child and Adolescent Mental Health Services

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1 Purpose

1.1 Strategic context

The Government's mental health strategy “No health without mental health” was published in February 2011. It describes mental health as central to the quality of life, to economic success and interdependent success in improving education, training and employment outcomes and tackling some of society’s persistent problems. Taking a whole-life approach, promoting good mental health and intervening early, particularly in childhood and teenage years, the strategy proposes outcomes to prevent mental illness from developing and mitigate its effects when it does.

The National Service Framework (NSF) for children, young people and maternity services was published in September 2004. The NSF establishes clear standards for promoting the health and well being of children and young people and for providing high quality services to meet their needs. It laid down a vision, that all children, from birth to 18 years, who have mental health problems and disorders, have access to timely, integrated, high quality, multi-disciplinary services to ensure effective assessment, treatment and support for them and their families. In addition, Every Child Matters (2003) states that all children and young people should ‘be healthy, stay safe, enjoy and achieve, make a positive contribution and achieve economic well being’. More locally, the Bradford Children and Young People’s Plan (2009 -12) lays down a vision for, every one of its children to have the best possible start in life.

It is within this strategic context that the Specialist CAMHS is currently operating in Bradford and Airedale.

The mental and psychological well-being of children and young people is the subject of Standard 9 of the NSF for Children, Young People and Maternity Services. Ensuring the physical and mental health and emotional well being of children and young people is also a key part of the ‘Outcomes Framework’ within ‘Every Child Matters’ and is enshrined as a duty on children’s services authorities and their partners, including PCTs, in sections 10 and 11 of the Children Act 2004. Standard 9 of the NSF articulated the vision for mental health and psychological well-being of children and young people:

We want to see:

• An improvement in the mental health of all children and young people.
• Multi-agency services, working in partnership, promote the mental health of all children and young people, provide early intervention and also meet the needs of children and young people with established or complex problems.
• All children, young people and their families have access to mental health care based upon the best available evidence and provided by staff with an appropriate range of skills and competencies

1.2 Aims

The aim of this specification is to outline the service that local commissioners expect to see provided by Bradford District Care Trust’s (BDCT) specialist child and adolescent mental health services (specialist CAMHS) during 2011/2012. The commissioner expects that the service is compliant with all relevant legislation and locally agreed procedures.

Throughout the period of this service specification commissioners and BDCT will work together to develop services which will support of the delivery of a comprehensive child and adolescent mental health system (comprehensive CAMHS) within the Bradford district Specialist CAMHS are expected to play a key role in enabling the development of comprehensive CAMHS within the Bradford District to deliver the markers of good practice for a comprehensive CAMH service as set out in Standard 9 of the Children’s NSF, namely:

• Promoting the psychological well-being of children, young people and their families and identifying early indicators of difficulty by ensuring all staff working directly with children and young people have sufficient knowledge, training and support.

• Ensuring that protocols for referral, early intervention and support are agreed between all agencies

• Improving access to high levels of CAMHS expertise by ensuring that child and adolescent mental health professionals provide a balance of direct and indirect services and are flexible about where children and young people are seen.

• When required children and young people are able to receive urgent mental health care, leading to a specialist mental health assessment where necessary within 24 hours

• Child and adolescent mental health services are able to meet the needs of all children and young people

• 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

• The needs of children and young people with complex, severe and persistent behavioural and mental health needs are met through a multi-agency approach

• 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

• 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

• When children and young people are discharged from in-patient services into their community and when young people are transferred from child to adult services, their continuity of care is ensured.

• Multi-disciplinary, community based assessment and interventions are provided to children, young people, and their families/carers, who are experiencing psychological, emotional, behavioural, developmental and intra-personal difficulties or psychiatric disorders.

• Families are enabled to cope more effectively with their life experiences.

• Children and young people are enabled to overcome their mental health problems and to benefit from their home, community and educational environments.

• A teaching and learning basis for health and other workers is created to promote a better understanding of child and adolescent mental health problems throughout the district.
1.3 Policy Context
At a national level, the policy context for CAMHS is provided by the Government's mental health strategy “No health without mental health” (February 2011), underpinned by Every Child Matters and the National Service Framework for Children, Young People and Maternity Services: the Mental Health and Psychological Well-Being of Children and Young People. Children and Young People in Mind: the National CAMHS review (2008) and the DH response Keeping Children and Young People in Mind (2010) provide further guidance. The legal framework is underpinned by the Mental Health Act (2004) and Amendment (2008). The latter informs the guidance Working Together To Provide Age-Appropriate Environments And Services For Mental Health Patients Aged Under 18 (NMHDU, 2009).
At the local level, CAMHS provide key services in support of the Bradford Children and Young People's Plan, which is itself informed by the ‘Healthy Minds’ strategy for improving the mental health and psychological well-being of children and young people 2008-2011.
Regionally, the Specialist Commissioning Group (SCG) will play an increasingly significant role in relation to Tier 4 commissioning from April 2011.

2 Service Scope
All children and young people prior to their official school leaving age, or older if still on a school roll, with appropriate mental health needs can be assessed for their eligibility to receive these services. There is a national intention, in accordance with the National Service Framework, to move towards specialist CAMHS being accessible to all young people under 18 by 2014. However, there will be flexibility in continuing care to reflect the needs of individual young people.

2.1 Service user groups covered including exclusion criteria
Patients are eligible to access the services under the terms of this contract where NHS Bradford and Airedale is the commissioner responsible for paying for their care and treatment. The responsible commissioner will be determined in accordance with Who Pays? Establishing the Responsible Commissioner (Gateway 8448) or guidance which supersedes this.
Where the service provides care to a patient for whom NHS Bradford and Airedale is not the responsible commissioner, the PCT and BDCT will identify and recover the cost of the service from the responsible commissioner.
In accordance with paragraphs 26 - 38 of Who Pays? children and young people under the age of 18 who are registered with a Bradford and Airedale GP, who previously lived outside the Bradford district and were placed in the district prior to 1 April 2007 by another local authority or PCT and who are:
• Looked after children or children leaving care
• Children with a statement of special educational needs attending a Residential Special School
• Children with continuing healthcare needs requiring residential care who are not looked after children
• Young adults with continuing healthcare needs
are eligible to receive a service under this agreement.
Children and young people who fall into the above categories and who were placed in the Bradford District on or after 1 April 2007 are not eligible to receive a service under this agreement. The responsibility for commissioning health care for these children and young people will be determined in accordance with the guidance in Who Pays?
Services for all young people up to the age of 18 whether or not in school who are substance misusing are currently jointly commissioned with the Young Person’s (Substance Misuse) Commissioning Group and are ratified by the Bradford Safer Communities Partnership and the Children and Young People’s Partnership. The CAMH service will support the mental health needs of this client group within the community.

Services for children and young people with learning disabilities are provided with a service up to school leaving or the age of 18 if this is later.

Children and young people who are looked after by CBMDC, who are registered with a NHS Bradford and Airedale GP are provided with a service up to school leaving or the age of 18 if this is later.

Young people who are known to the Bradford Youth Offending Team are provided with a service up the age of 18.

Transition, generally at 18, will be negotiated on an individual basis for those requiring continuing care in accordance with BDCT’s Guidelines for the transfer of young people from child and adolescent to adult mental health services.

Equality and diversity: the service provides community bilingual healthcare workers to support access to service from the Asian community.

2.2 Geographical population
The Child and Adolescent Mental Health Services serve the geographical area defined by the boundaries of NHS Bradford and Airedale.

2.3 Service Description- overview i.e. what is provided
Specialist CAMHS provides a service for children, young people, their families and carers where the child or young person presents with significant emotional and psychological problems. It is provided by Bradford District Care Trust who also host: a specialist CAMHS social work service provided and managed by the Local Authority and an EIP worker.

The services provide multi-disciplinary community based assessment and treatment for children, adolescents, families and carers and include:

Consultation, support, training and advice
- To a range of frontline services including primary care, social services, voluntary sector and education in partnership with the CAMHS tier 1 training programme.
- Training placements to a range of professional staff including medical students and trainee psychiatrists, psychologists, nurses and others.

Core Community based CAMHS
- Assessment
- Care planning, coordination and care management
- Risk assessment
- A range of psychological therapies
- Medication
- 24 hour emergency on call provided by consultant psychiatrist with CAMHS expertise
- Transitional care
- Identified care pathways:
  - Attention Deficit Hyperactivity Disorder (ADHD)
• Eating disorders
• Early intervention psychosis
• School refusal
• Self harm
• Moderate – Severe depression
• Anxiety/habit disorders

Some Targeted services:
• Substance misuse in partnership with Social Services and the Bridge project
• Looked after children
  - Consultation to children’s homes
  - Specialist individual and filial therapy services
• Mental health services for children with learning disability/autistic spectrum condition
  - Limited LD specialist consultation, assessment and treatment
  - Joint ASC assessment clinics in Airedale and Bradford
• Mental Health Services to Young Offenders in partnership with the YOT
  - Consultation to YOT
  - Access to specialist assessment (not Forensic)

Home treatment approach
• Available in Bradford and Airedale.
• Provides enhanced CAMHS during the week seeing children and young people 2 or more times a week (9-5).
• Provides day time access to service at weekends and bank holidays (10-4) for registered CAMHS clients.
• Out of hours on call psychiatry cover.

Inpatient care
BDCT will facilitate referrals to specialist in-patient CAMHS where required. The law acknowledges that there may be circumstances of an ‘overriding’ emergency, where there is no immediately available CAMHS bed, and the young person must be placed in a mental health hospital for their own or others’ safety. In such situations, Bradford District Care Trust has confirmed it will utilize specially designated accommodation at Lynfield Mount and will ensure the environment of such patients is suitable having regard to their age, subject to their needs. The rooms in which young patients are accommodated will be separated from the adult ward environment, staff will receive additional training and when a young person is admitted additional specialist staff will be temporarily deployed to ‘chaperone’ the patient. The patient will be discharged as soon as possible to an appropriate CAMHS service.
BDCT staff will continue to work with the support of commissioners towards the earliest appropriate return of all in-patients to local community-based services.

2.4 Governance
BDCT works to locally developed guidelines, protocols and policies. The BDCT documents listed below are available to commissioners and BDCT staff. A full range of BDCT guidelines, protocols and policies is accessed by BDCT staff from the intranet and team managers.
Clinical

- Policy and procedures for the Admission of a Young Person in the Care of Child and Adolescent Services to an Adult Psychiatric Ward.
- Guidelines for the Transfer of Care of Young People from Child and Adolescent to Adult Mental Health Services
- Information Sharing Protocol for Partner Agencies in Bradford
- Local Child Protection Guidelines and Procedures
- Protocol to Access Services when there are Concerns about the Mental Health of a Child or Young Person and they are known to Social Services
- Protocol for the Management of Self Harm in Children and Adolescents
- Guidelines for working within other languages
- Protocol for the Mental Health Assessment and Care of Young People Supervised by The Youth Offending Team
- Partnership Protocol Between The Alcohol and Drugs Team, Bridge Young Person and Family Service and the Child and Adolescent Mental Health Service Substance Misuse Team

General Risk Management

- Complaints
- Incident management
- Risk Management Strategy

Health and Safety

- Health and Safety

2.5 Key Relationships
The service has links with paediatric services in the two local acute hospital trusts where children admitted following self-harm can be seen and assessed by CAMHS within 24 hours 7 days a week.

The service works closely with children's strategic and provider leads in health and other agencies to develop and provide locality based innovative and specialist services for children and adolescents in line with national priorities. Joint working with other agencies is promoted and the teams provide support, advice and training and where appropriate facilitate children’s access to CAMHS. The service liaises with a number of agencies and staff groups (see also 2.3 and 3.5) including those listed below to ensure care needs are met.

Children's Social Care (BMDC)
Voluntary and Community Sector organizations
Education Bradford or any successor organisation.

3 Service Delivery

3.1 Location of service
CAMHS is provided from two bases: Fieldhead in Bradford and Hillbrook in Keighley.
Home visits are provided where appropriate
CAMHS will see children in other settings if available and appropriate including schools, health clinics, children’s centres etc.

3.2 Days / hours of operation
The service is open 9am-5pm weekdays.
There is a weekend service provided by CAMHS nursing staff at Bradford and Airedale to assess self-harm and provide home treatment.
There is a 24 hour emergency psychiatry on call service.

3.3 Referral and discharge processes
Children and Young People are currently referred through a number of routes to specialist CAMHS. Referrals from primary care are generally through the school nurse or health visitor who will have provided an initial frontline CAMHS response.

Criteria for referral
Children are seen where there is acute concern and/or a level of risk about their mental well-being or where there is a persistent and significant behavioural and/or emotional concern. Criteria for service are agreed with the PCT and other relevant stakeholders.

Children and young people accepted into CAMHS receive a comprehensive assessment that includes a needs and risk assessment. From this a care plan, including pathway management, is formulated with the young person and their family.

Once treatment is complete, discharge or transfer to another appropriate agency is negotiated with the family as appropriate.

3.4 Response times
All referrals are screened on arrival at the service on the basis of the information given and those which are assessed as urgent will be allocated a worker, who will arrange an appointment for assessment within 24 hours.

All non-urgent referrals are then dealt with in the following way:

- where necessary more information is sought before priority can be allocated
- the referral is allocated a priority of either semi-urgent or routine.
- communication is made with the referring agency where it is felt another service would be more appropriate.

The accepted referrals are then allocated a Key worker and sent an appointment for initial assessment.

The service aims to see:

- semi-urgent cases within 8 weeks
- routine cases within 13 weeks.

Children and young people admitted to paediatric wards from Accident and Emergency Departments are assessed within 24 hours either by a CAMHS specialist or SHO supported by a CAMHS psychiatrist.

3.5 Care pathways
The service will monitor and impact assess all pathways so as to ensure inclusive approaches for all communities including ethnic groups and those with a disability

Patient pathway protocol
Pathways of care are to be agreed in writing with the PCT and other relevant stakeholders and will identify the respective role and responsibility of each provider service in delivering care in line with relevant NICE guidance including discharge arrangements.
In 1995, the Health Advisory Service published a thematic review of child and adolescent mental health services (Together we Stand). It proposed a four-tier model which is now accepted as the strategic framework for planning, commissioning and delivering comprehensive services.

**Tier 1** CAMHS at this level are provided by practitioners who are not mental health specialists, working in universal services. They include GP’s, health visitors, school nurses and teachers.

**Tier 2** At this level services are provided by CAMHS specialists working in community and primary care settings. They normally work with children and young people in a uni-disciplinary way (although they may also work as part of Tier 3 services).

**Tier 3** This is usually a multi-disciplinary team or service working in a community base, providing specialised services for children and young people with more severe, complex and persistent problems.

**Tier 4** These are tertiary services for children and young people with the most serious problems, such as day units and in-patient units.

Services are provided in line with this model, at Tiers 2 and 3 and consultation is offered to those practitioners working at Tier 1.

**Consultation to Tier 1**
Telephone or face to face consultation is available to health visitors, school nurses, education and the Voluntary sector. Advice, support, training and joint working may be provided and where appropriate, access to specialist CAMHS.

**Consultation to Social Care**
CAMHS recognises the importance of providing appropriate mental health care to children and young people known to social services. Consultation, support and advice are offered to Social Workers and other social services staff, the Well Looked After Health Team, and through involvement in the Multi-agency Placement Team (MAPT). Wherever appropriate assessments and interventions will be undertaken and joint approaches to service delivery will be supported (see – Protocol to Access Services when there are concerns about the Mental Health of a Child or Young Person and they are known to Social Services).

**Tiers 2 and 3**

**Assessment**
Assessment forms the start of involvement with the service and is an ongoing process. A range of approaches may be used including, interviews with individuals, parents/carers and families; psychometric and/or developmental assessments.

**Intervention**
Following assessment, an opinion or formulation of the difficulties will be made and shared with the child, young person and their family/carer. A plan will be agreed, along with appropriate interventions. These may include; individual counselling, family therapy, group therapy/group work, play therapy, art therapy, psychotherapy, deep relaxation, cognitive behavioural therapy, anxiety management, parental counselling, medication and practical support.

**Access to Tier 4**
Wherever possible the service is committed to providing community care and alternatives to in-patient treatment.
Inpatient care may also be commissioned from out of district care providers as necessary.

**Severe Learning Disability (SLD) and Autistic Spectrum Conditions (ASC)**
CAMHS accepts referrals for all children and young people whatever their learning ability. CAMHS professionals participate in the assessment of children and young people for an autistic spectrum condition, either through multi disciplinary groups within CAMHS or alongside other colleagues in a
joint assessment service. There is a small specialist learning disability service which also provides assessments as to whether or not there is a mental health issue for those young people within the special schools and the nature of this. They frequently work through consultation to colleagues in paediatric and primary health, social services and education and receive referrals through multi-agency consultation, particularly the Children’s learning disability behaviour panel. Some of these young people and their families will receive specialist interventions within CAMHS. This work usually involves a multi agency care plan which is often held by children’s social care or by education.

Most SLD/ASC work occurs in the locality teams serving the needs of children and young people who have individual education plans in mainstream schools. Internal consultation and supervision is available from the small specialist team.

Attention Deficit Hyperactivity Disorder (ADHD)

There are two ADHD teams in CAMHS, one based at Fieldhead and the other at Hillbrook. Both teams comprise a range of professionals, whose aim is the assessment of children and young people for ADHD. Where diagnosis is made treatment and management strategies are offered. Training and consultation is also provided for CAMHS staff and other agencies.

Youth Offending Team

A CAMHS Specialist Psychiatric Nurse, Consultant Psychiatrist and Consultant Psychologist offer regular meetings with youth offending team health workers and youth inclusion programme workers across the District. Consultation, case discussion, supervision, training, joint working and signposting are offered. Where appropriate, mental health assessment and treatment, as well as psychological assessment and treatment is undertaken, for young people up to the age of 18 years, who are known to the youth offending team.

Mental health court reports and Specialist assessment and treatment of young people in custody are also available.

Substance Misuse

A Consultant psychiatrist and CAMHS Nurse Specialist offer this District Wide service to young people up to the age of 18 years, who are engaging in problematic substance use. The service works closely with The Bridge project and social services, as part of the Young Peoples Drug and Alcohol Service (YPDAS), as well as with other voluntary sector services, housing providers and education/training organisations. Consultation, training, joint working and supervision are offered, as well as assessment and intervention, including substitute prescribing, as appropriate.

Looked After Children

There are three therapeutic worker posts who are developing services for Looked after Children district-wide. This involves the provision of consultation, assessment and a range of interventions, including play and filial therapy, for looked after children, which may be undertaken through the multi-disciplinary locality teams, as well as through the therapeutic workers themselves. In addition, the aim is to develop a joined up approach to Looked after Children by working closely with partner agencies, such as social services.

3.6 Reasonable adjustments

Reasonable adjustments will be made to ensure that the service is accessible to all eligible people including people with learning disabilities.

3.7 Records

The services shall create, maintain, store and retain service user health records for all service users in accordance with Clause 21 of the contract. Patient confidentiality policy shall be adhered to.
3.8 Workforce
Commissioners will be kept fully informed of any intended variations to core workforce in the Child and Adolescent Mental Health Service.

The Child and Adolescent Mental Health Service teams will identify and participate in suitable professional training and development, taking into account service requirements and priorities.

3.9 Effective clinical practice
Effective clinical practice is supported by:

- audit of demand and activity, with regular provision of activity data
- access to high quality clinical supervision and robust governance systems
- contributing fully to the development of multi-professional and multi-agency partnership working
- contributing to the maintenance of a learning culture within the organisation
- onward referral to other agencies as appropriate
- effective communication with referrers, service users and other stakeholders
- timely discharge from the service in order to maintain the capacity to deal with new referrals
- full compliance with Safeguarding Children procedures.

Where a client has a dual diagnosis of learning disability and mental health disorder, the protocol contained in ‘Learning Disability and Adult Mental Health Services – Clinical Interface Policy’ will be followed.

3.10 Clinical standards and quality assurance
The services comply with the NHS Standard Bilateral Mental Health and Learning Disability Services Contract with particular reference to Clause 16 and Schedule 3.

All patients will be risk assessed and risks will be managed.

Full written procedures / clinical protocols are in place including Standards for Better Health.

Patient information is made available illustrating the risks and benefits to treatment

Patient consent forms as appropriate will be completed by the clinician.

The services use:

- safe systems for the documenting of results and treatment
- effective and auditable communication systems for any referral process
- a systematic review process for the monitoring of patients receiving treatment
- robust arrangements for the management of risk including systems for reporting patient safety issues and adverse events and for evidencing and monitoring developments in practice in response to lessons learned.

Health and social care staff are trained to anticipate behaviour challenges and how to manage violence, aggression and extreme agitation, including de-escalation techniques and methods of physical restraint.

There are clear communication and contingency arrangements for occasions when the service cannot be delivered as planned.

The services ensure that all clinical staff engaged in delivering the services are appropriately registered with the relevant UK regulatory bodies and have the necessary training, qualifications, experience and current competence.
3.11 Monitoring processes and timescales
The services have a systematic process in place to discuss, review and evaluate services. The services perform an annual service review within the provider which includes:

- the number of patients monitored, indications for treatment and the anticipated duration
- details of trained staff, qualifications, and skill review dates
- details of patient satisfaction questionnaires and complaints about the service
- critical incidents / untoward events
- number of patients referred to secondary care and clinical reason for referral.

The services will be performance managed and clinical outcomes will be openly benchmarked along with other services.

3.12 Patient experience
Patients’ and carers’ views on their experience and satisfaction levels will be measured through patient surveys. Information will be gathered, analysed, discussed and reviewed through agreed action plans. Where necessary the patient pathways will be revised to include patient experience and outcomes of patient survey.

The service will have in place and use a patient complaints policy which is compliant with current legislation governing NHS patient complaints, ie The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 or legislation which supersedes this.

Service user / advocacy groups will be encouraged to provide feedback on the service and make recommendations for improvement.

3.13 Staffing
The service is led by the Head of Operations. The service is delivered by a multidisciplinary team including psychiatry. The team has dedicated CAMHS managers and all staff have access to clinical supervision.

3.14 Training/ Education/ Research activities

Teaching and Training
Continued professional development is seen as paramount, to promote skills and develop a high quality service that meets the needs of those referred. Staff will therefore be encouraged to continue to pursue their development and training, which will be reviewed annually through annual appraisal. All staff will keep up to date with Mandatory Training in accordance with the BDCT Training Policy.

Team members will be involved in teaching and training to other professionals.

Staff will be encouraged to supervise and support students/trainees on placement with the service, both in their individual profession and that of others, as appropriate.

Audit and Research
In order to monitor our effectiveness, a CAMHS Audit plan is in place, which is monitored through the Service Governance Group and Trust Clinical Audit Steering group. All staff members are encouraged to take part in the audit process with training available as necessary.

In order to contribute to the available evidence base for CAMHS, staff are supported in undertaking audit/research projects as appropriate.
Professional networks

BDCT will maintain membership of the CAMHS Outcomes Research Consortium (CORC) and will introduce arrangements for measuring outcomes in accordance with CORC recommendation and National Indicators and will report on progress to the Activity Sub Group of the Contract Management Board. The service currently sends SDQs to all families, for completion at the start of a treatment episode. This is repeated on discharge, along with the CHI questionnaire being sent. All clients are also given a CGAS score by clinician on commencement of involvement with the service and at quarterly intervals thereafter.

BDCT will remain a member of the Quality Improvement Network for Multi-agency CAMHS (QINMAC) including contributing to the annual QINMAC-LD assessment.