

Meeting the mental health needs of looked after children and care leavers: a protocol for the East of England Clinical Network area

Author: East of England Clinical Network

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1 INTRODUCTION

Our Pledge to looked after children and care leavers in the East of England

1. If your mental wellbeing deteriorates and you need a mental health assessment and some support or treatment, you will be able to access the 'local offer' of the area you are in without delay or obstruction – irrespective of your looked after status or which area you lived in when you were first brought into care.
2. If the service that assesses your mental health thinks that you need some support and treatment, it will get on with delivering that to you straight away (in line with the waiting time standards that apply in your area).
3. The service that treats you may have the right to reclaim the cost of the treatment it provides to you from the CCG you lived in when you first became looked after. However, any process to seek that funding (and whether it is successful or not) will not delay or prevent you from receiving care and treatment – as long as that care and treatment is something which is part of the commissioned service offer of the area you are in.
4. Mental health services, Clinical Commissioning Groups and Local Authorities will not argue about the 'price' to be charged for your treatment and care. To avoid any arguments, we agree to charge/pay each other in line with the East of England standardised CAMHS Out of Area (OoA) Assessment & Treatment Agreement and standardised tariff (Appendix 1). We will comply fully with the relevant government guidance, which is known as [Who Pays? Determining responsibility for payments to providers](#)
5. If there is any doubt regarding whether this protocol applies to you, our services and commissioners will assume it does apply, if by doing so you are likely to receive better, faster care and treatment.

2 SCOPE AND PURPOSE OF PROTOCOL

2.1 Who does this protocol relate to?

Looked after children and care leavers from one Local Authority who present in another Local Authority in need of a mental health assessment and/or intervention.

There will be a few children and young people with **exceptionally** high levels and complexity of needs who will require particularly intensive treatment and support packages, way in excess of any area's core offer. These children and young people should already be subject to joint Local Authority and CCG planning processes. Multi-Disciplinary Team (MDT) meetings will be called to determine what bespoke service offer will be commissioned and provided for such cases and which organisation will pay for each part of the package.

2.2 Protocol Aim

What do we want this protocol to achieve in the East of England?

Elimination of the variation in practice and the delay and harm that can be caused to looked after children and care leavers. We want to ensure children and young people have consistent, fair, open access to the local core service offer in whichever part of the East of England they live or present in.

The variation in practice also causes confusion among operational staff from the mental health providers, Local Authorities, and commissioners which can exacerbate the delay and harm to children and young people and damage effective working relationships between staff and organisations.

2.3 The scenarios this protocol addresses

When a looked after child or care leaver from one Local Authority area presents in another Local Authority area in need of:

1. A routine community CAMHS referral – to either a Targeted or Specialist service – for a mental health issue that was already part way through being addressed when the child or young person lived in his/her originating Local Authority area.
2. A routine community CAMHS referral – to either a Targeted or Specialist service – for a newly emerging mental health issue.
3. A mental health assessment which had been part completed at the point of a move to another Local Authority area – and needs to be completed.
4. A specialist CAMHS assessment and intervention when a crisis occurs, including when an inpatient Tier 4 CAMHS hospital admission may be needed.

3 THE PROTOCOL

What follows is a table in which we set out how we will act when each of the above scenarios occurs. The table uses a few terms, which are defined below:

Originating Local Authority = the Local Authority where the child/young person first became looked after

Originating mental health service = the mental health service who was previously seeing the child/young person

Receiving Local Authority = the Local Authority the child/young person has moved to

Receiving mental health service = the mental health service in the Local Authority area the child/young person has moved to

CYP = Child or Young Person

LA = Local Authority

MH = Mental Health

	Scenario one: Prior to a planned move, CYP has a diagnosed MH problem and is 'open' to a local MH service	Scenario Two: Prior to a move, CYP has no diagnosed MH problem, but after moving develops one that needs a MH Service routine assessment/intervention	Scenario Three: CYP is part way through a MH assessment at the point of transition to another LA area	Scenario Four: CYP presents in the new LA area in need of a MH crisis assessment and intervention and may need an inpatient Tier 4 hospital admission
The originating Local Authority will...	<p>Complete the notification paperwork to a high standard – to include/append the most recent Health Assessment and Care Plan, SDQ score/s and a recently completed Current View assessment tool</p> <p>Direct the Designated Nurse from the Responsible LA to liaise with the receiving authority to ensure that the MH needs can be met.</p> <p>Liaise with the originating MH Service to:</p> <ol style="list-style-type: none"> 1. find out what MH provision there is in the receiving LA area 2. ensure as smooth a transition as possible to the receiving MH Service in that patch 3. agree any financial liabilities in respect of the Responsible Commissioner guidelines Who Pays? Guidelines and use the EoE 	<p>Complete the notification paperwork to a high standard – to include/append the most recent Health Assessment and Care Plan, SDQ score/s and a recently completed Current View assessment tool (Current View)</p> <p>Social worker ensures a consultation referral is made to the local MH service. Referral letter is copied to the Designated Nurse from the originating area.</p>	<p>Social worker to involve the current MH service's practitioner in transition planning/decisions for the CYP.</p> <p>If the move is an emergency, social worker to notify the current MH service promptly.</p> <p>Complete the notification paperwork to a high standard – to include/append the most recent Health Assessment and Care Plan, SDQ score/s and a recently completed Current View assessment tool (Current View)</p>	<p>Complete the tasks as set out in scenarios 1, 2 & 3 as relevant to the particular needs of the CYP.</p>

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	standardised CAMHS OoA Assessment & Treatment Agreement and standardised tariff (Appendix 1)			
29 The MH service currently seeing the CYP will...	Liaise with the receiving MH service to provide Transfer summary, Care Plan, Risk Assessment, Crisis Plan, formulation by current team & what intervention/s the team is providing (copied to the originating LA).	N/A	Liaise with the receiving MH service to provide a Transfer summary, Care Plan, Risk Assessment, Crisis Plan, formulation by current team & what intervention/s the team is providing (copied to the originating LA).	N/A
The receiving LA will...	Acknowledge the notification paperwork. Create a social care record for the CYP. Update the Child Protection Information Sharing (CP-IS). If a MH Act assessment is required, the local arrangements (where the CYP is resident) will be implemented.	Acknowledge the notification paperwork. Create a social care record for the CYP. Update the Child Protection Information Sharing (CP-IS). If a MH Act assessment is required, the local arrangements (where the CYP is resident) will be implemented.	Acknowledge the notification paperwork. Create a social care record for the CYP. Update the Child Protection Information Sharing (CP-IS). If a MH Act assessment is required, the local arrangements (where the CYP is resident) will be implemented.	Complete the tasks as set out in scenarios 1, 2 & 3 as relevant to the particular needs of the CYP. If a MH Act assessment is required, the local arrangements (where the CYP is resident) will be implemented.
The receiving MH service will...	Deliver continuity of treatment & care in line with its commissioned service offer, waiting times and national standards.	Deliver its business as usual service offer to the CYP, within its commissioned waiting times and national standards.	Deliver its business as usual service offer to the CYP, within its commissioned waiting times and national standards.	If CYP is still in community placement: Provide a crisis MH and/or MH Act assessment to the MH service's locally commissioned standards.

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30		<p>Provide ongoing consultation to the referrer and team around the CYP.</p> <p>If CYP's needs do not meet the threshold for the MH service's core offer, the MH service provides signposting advice re. other local services that may be able to help.</p>	<p>Provide ongoing consultation to the referrer and team around the CYP.</p>	<p>Provide advice & support to current placement.</p> <p>If CYP is in a Police Investigation Centre (PIC): Social Worker and MH Service ensure the local Liaison and Diversion Team is involved & to provide advice & if necessary joint assessment & intervention alongside the Liaison & Diversion Team.</p> <p>If CYP is admitted to a General Acute Hospital: Provide a crisis MH and/or MH Act assessment to the MH service's locally commissioned standards.</p> <p>Provide advice and support to the acute hospital ward (in line with the local area's core offer).</p> <p>As soon as this scenario arises, all parties (CAMHS assessing clinician/manager, LA social worker & Acute Hospital) must work jointly – and hold urgent, regular Care & Treatment Review meetings. The Review meetings'</p>

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31				<p>role will be to decide who the care/treatment co-ordinator will be in the short term and how the care & treatment needs will be met and transitioned.</p> <p>If CYP needs a Tier 4 bed search & support/treatment while waiting for a T4 bed to become available: Bed Search (using <i>Form 1</i>) will be initiated by the CAMHS team that conducts the MH or MH Act assessment. Once Form 1 is completed any follow up action, including bed searching and transport is organised by the CAMHS team from the CYP's originating area.</p> <p>During a CAMHS T4 Inpatient admission: The inpatient unit will organise Care Programme Approach (CPA) meetings, giving at least 14 days' advance notice to the social worker from the originating LA and lead staff from the receiving MH Service</p>

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				The originating LA & receiving community MH Service will: <ul style="list-style-type: none"> • keep the case open • maintain therapeutic and social care links with their CYP • attend CPA review meetings • actively participate in discharge planning arrangements
32	The Designated Nurse will...	Will record the activity and intervention being delivered to the CYP.	Will record the activity and intervention being delivered to the CYP	Will record the activity and intervention being delivered to the CYP

Potential additional appendices or standardised paperwork to produce to accompany the protocol

1. East of England standardised process of notifications between LAs of LAC when moved from one LA to another
2. East of England set of template letters setting out the above and how charging/invoicing/payments will be managed

4 SIGN-UP

4.1 Signing off the protocol

This protocol was **endorsed and signed off** by the East of England Clinical Network's Future in Mind Steering Group on 16th March 2017.

Action: Lead commissioners from each LA and CCG in the East of England to...

1. ...take this protocol to their Safeguarding Boards for sign off and to request that the protocol is added to local audit and review cycles

2. ...report to the Network when the protocol has been approved/adopted by their Safeguarding Boards

4.2 Optional additional actions

Lead officers from may also choose to take the protocol to a number of other local bodies for sign off, including:

- Regional Directors of Children’s Services Group
- Local Authorities
- Mental Health providers
- Health & Wellbeing Boards
- CAMHS Partnerships
- Corporate Parenting Boards/Partnerships
- Tier 4 providers
- NHS England Specialised Commissioning
- Health & Justice Commissioner
- Sustainability & Transformation Plan (STP) Executive Bodies

CAMHS out of area assessment and treatment Agreement (ATA)

Patient NHS number: xxxxxxx
Patient Initials: xxx
Provider: xxxxxxxxxxxxxxxxxxx

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Section 1: Introduction and terms of agreement

When a young person becomes looked after they can sometimes be placed in an out of area placement. If they may require access to CAMHS services, the cost of this service and any treatment is chargeable to the home area CCG. This agreement is designed to standardise the approach across the area covered by the East of England Clinical Network. The service provided is for the core local offer in line with local commissioning arrangements.

The process would be for the allocated social worker (or other professional) to refer to the local CAMHS team following the protocol. The local CAMHS team would then send the ATA to the home CCG if the referral is accepted.

The Agreement is an agreement between the Commissioner (identified at section 3) and the Provider (identified at section 4) for the provision of assessment and treatment to the service user or their carer/placement detailed in section 2.

The ATA is contract entered into between the home CCG and the Provider for NHS Individual Patient Funded Placements for those patients whereby the home CCG are responsible, and states explicitly which service is being purchased from the Provider to meet the needs of the Service User.

The ATA, along with the NHS Standard Contract together form a legally binding contract for the provision of the Services identified in the ATA, by the Provider, to the Service User.

The contract comprising the ATA and the NHS Standard Contract shall come into force on the date of the ATA (as indicated at the end of the document) and shall subsist until terminated by the Commissioner giving 14 days' written notice to the Provider. Subject to compliance with the conditions precedent set out in Schedule A of the NHS Standard Contract, the Provider shall commence provision of services to the Service User on the Service User acceptance date specified in section 2.1.

The Commissioner and the Provider each acknowledge and agree that the IPA is subject to the NHS Standard Contract. If there is any conflict between the terms of the Contract and the terms of the ATA, the terms of NHS Standard Contract shall prevail.

The ATA contains the following information:

- Service User details;
- Treatment details;
- Commissioner details;
- Provider details; and
- Signed agreement between the Commissioner and Provider to contract for the services identified in this IPA.

The Provider should ensure that there is an Individual Placement Agreement for each patient placed with the Provider that sets out the agreed service fee(s).

Section 2: Service User details (follow local guidance on information sharing and use of non patient identifiable data)

Service User details	
Patient Name:	
Patient reference Number:	
Date of Birth:	
NHS Number:	
Placement details	

Section 2.1 Assessment & Treatment details and East of England Standardised Tariff¹

Treatment Details	
Assessment	Assessment/Triage - £200 Receive referral triage and assessment follow up letter to social worker and home CCG
Intervention	Minimum 6 sessions of treatment - £900 ²
Anticipated number of sessions	Minimum of 6 session, review and follow up letter included
Cost per session	Additional sessions over and above 6 - £150 per session.
Additional costs	Attendance at LAC reviews £150 Report writing beyond standard update letter £150

Section 2.2 Outcome Measures

Different provider will use different outcome measures, but they will report outcomes in line with their core offer.

No	Measure	Frequency
1		To be reported to the social

¹ Standardised Tariff to be consistently across the East of England.

² If it is clear from the outset that a CYP only requires an assessment + one or two treatment sessions, cost would be £200 (Assessment fee) + £300 (x 2 of the 'per session' cost).

2		worker and CCG
3		

Section 3: Commissioner Details

Commissioner details	
Name of Commissioner	
Phone number (switchboard)	
Commissioner main address	
Key Contact 1 Name	
Key Contact 1 email	
Key Contact 2 Name	Designated Nurse Child Protection Designated Nurse Looked After Children
Key Contact 2 email	
Invoicing address	

Section 4: Provider details

Provider details	
Name of Provider	
Providers Address for contractual correspondence	
Providers address	
Providers Phone Number	
Providers Email Address	
Key Contact 1 Name	
Key Contact 1 Position	

Key Contact 1 Telephone	
Key Contact 1 email	
Key Contact 2 Name	
Key Contact 2 Position	
Key Contact 2 Telephone	
Key Contact 2 email	

Local Authority or referrer details	
Name of Local Authority	
Providers Address for contractual correspondence	
Providers address	
Providers Phone Number	
Providers Email Address	
Key Contact/social worker 1 Name	
Key Contact 1 Position	
Key Contact 1 Telephone	
Key Contact 1 email	

Section 5: Agreement

This Agreement (ATA) is an agreement made between:

- 1. The Commissioner:

Signature	
Name	
Position	
Commissioner	
Date	

; and

- 2. The Provider:

Signature	
Name	
Position	
Service Provider	
Date	

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