

Health Service Circular

Local Authority Circular

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Child and Adolescent Mental Health Service (CAMHS) Grant Guidance 2003/04

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Child and Adolescent Mental Health Service (CAMHS) Grant Guidance 2003/04

Summary

1. From 2003-04 CAMHS funding to councils will be increased substantially to reflect the Government's commitment to radically improve the overall level of provision. The vision for CAMHS improvements is set out in *Improvement, Expansion and Reform: The Next Three Years Priorities and Planning Framework 2003 – 2006* (www.doh.gov.uk/planning2003-2006/index.htm) published in October 2002. This sets out the overall vision of achieving comprehensive CAMHS by 2006. Local Delivery Plans should specify the steps that need to be taken to achieve this goal.
2. The total 2003-04 CAMHS Grant is £51M. Of this £44.1M is allocated directly to councils using the children's formula. The balance is used to fund specific projects and central initiatives as set out in paragraph 14. The £44.1M payable direct to councils (the "core" grant) represents an increase of about £28M above the amount allocated for 2002-03. This circular sets out the conditions attached to the core CAMHS Grant, and the individual councils' allocations. This is, of course, subject to Parliamentary approval.

Background

3. The core CAMHS Grant of £44.1M in 2003-04 is given to Councils with Social Services Responsibilities (CSSRs) to enable them to carry forward their joint strategies with the NHS and other agencies to develop CAMHS. The Grant is paid under Section 7E of the Local Authorities Social Services Act 1970, as inserted by Section 50 of the National Health Service and Community Care Act 1990. These funds are provided on 100% basis and will be allocated on the basis of the 2003-04 children's formula. This approach will result in funds being more accurately targeted at areas with the greatest need. The revised allocation formula will result in differing levels of increase in the grant compared to the current year. However, all CSSRs will receive substantial increases in funding as a result of the additional £28M payable in 2003-04.
4. CAMHS is one of the areas currently being examined as part of the Children's National Service Framework. The NSF emerging findings will be issued shortly. These will include practical guidance for improving the service and, for the first time, a description of what a comprehensive CAMHS should include. A summary description of a comprehensive service is attached at Annex 2. This will prove useful to local planners as a guide to identify which elements of CAMHS need to be provided or improved.

Grant Conditions

5. The core grant should be used to improve CAMHS according to the joint priorities in the local CAMHS Development Strategy and the Local Delivery Plan to achieve the Priorities and Planning Framework targets. These are to be agreed between CSSRs, Primary Care Trusts (PCTs), education and other partners. Joint commissioning arrangements and/or use of Health Act flexibilities should be used when appropriate. Local CAMHS Development Strategies should continue but will not be collected centrally.

6. Plans for spending the allocated grant should set out how this will contribute to meeting the Priorities and Planning Framework capacity assumptions for CAMHS. These are:
 - All CAMHS to provide a comprehensive service including mental health promotion and early intervention by 2006.
 - Increase CAMHS by at least 10 per cent each year across the service according to agreed local priorities. (Demonstrated by increased staffing, patient contacts and/or investment.)
7. The Department will shortly be issuing the emerging findings of the External Working Groups which are advising on the development of a Children's National Service Framework. CSSRs should be aware of and take account of these findings in developing services using the CAMHS Grant. The findings will include a description of the elements which should be included in a "comprehensive" CAMHS and will therefore be a valuable aid to CSSRs in planning their services in partnership with the NHS and other agencies.
8. Priority in 2003/04 should be given to ensuring that all local CAMHS have child and adolescent mental health workers or other child mental health professionals available to support services for children and young people seen within primary care, education, youth justice and social services settings. Consideration should be given particularly to the provision of mental health care and consultative advice to social services, schools (where possible through involvement in the growing number of multi-disciplinary teams working with schools – known as Behaviour and Education Support Teams or BESTs), children with Special Educational Needs, Youth Offending Teams and Connexions workers.
9. The new services provided should be clearly integrated within the local CAMHS structures to ensure that the necessary supervision and support is available for staff and that there are smooth transitions of care between these services and the local specialist multidisciplinary CAMHS teams. It is expected that all local CAMHS should, by the end of 2003-4, have a minimum of four child and adolescent mental health workers or similar CAMH professionals. There are a number of service models that are in use and that have been evaluated and examples of these will be made available on the Department of Health's Children's National Service Framework website.
10. It is expected that the newly appointed workers will have the necessary skills, competencies and capabilities to provide direct mental health care to children, young people and their families. They should also be able to provide high quality advice and support to those whose primary function is not the provision of mental health care but who nonetheless work with children and young people who have mental health problems. Where appointments of generic child mental health workers are made it is incumbent upon commissioners and provider agencies to ensure that they either already possess or are provided with the necessary training to undertake mental health care based upon the best available evidence of effectiveness for interventions in the context in which they are employed.
11. Where it is deemed that the services as described above are already in place, or that other gaps in service provision are of higher priority, consideration can be given to alternative CAMHS developments but with the proviso that this is based upon agreement between commissioning partners. Any new services provided should have been highlighted within the local CAMHS development strategy as a priority for development.
12. Further expansion of the grant is anticipated through to 2006 and its use will continue to be determined by the Priorities and Planning Framework and the Local Delivery Plan guidance.
13. In addition to the £44.1M being distributed to CSSRs through the CAMHS Grant, other CAMHS funding is being distributed separately to councils or managed centrally:
 - £2.9M is being used to fund CAMHS Innovation Projects;
 - £3M is being spent on developing treatment foster care; and
 - £1M is being spent centrally on CAMHS development, including CAMHS Regional Development Workers.

Certification Requirements

14. Councils with 3 stars for social services and 2 star councils with a Comprehensive Performance Assessment of 'excellent' will not be subject to auditor certification. All other councils in receipt of the grant will be subject to auditor certification, details of which will be sent to councils in March 2003.

Administrative Arrangements

15. We shall write in March 2003 to CSSRs with the claim and outturn forms for 2003-04.
16. The recently announced spending freedoms for three star and some two star councils will apply to the CAMHS Grant. Councils with either three stars for social services or a Comprehensive Performance Assessment of excellent will have no conditions attached to their grant payment. Note that the basis of allocation is the same as for all other councils.
17. Payment will be made to all three star and excellent councils as a special grant under section 88B of the Local Government Finance Act 1988; this has to be used to completely remove ring fencing. It is likely that a single special grant report will cover all or most grants to three star and excellent councils. Three star councils will be able to carry over all unspent grant money into the following year, and two star councils will be able to carry over 25% of the grant. While three star and excellent organisations are not required to follow the grant conditions outlined in this document much of the information and guidance is important and councils are encouraged to read this circular.
18. Please note that the total amount of grant shown in Annex 1 is different to the indicative figure issued in LASSL (2002) 11. The earlier figure contained an error which has been corrected in Annex 1 to this circular.

Cancellation of circular

29. This circular should be cancelled on 1 April 2004. It replaces the CAMHS elements of the guidance contained in "*Mental Health Grant Guidance 2002/03*" – dated 29 January 2002.

Enquiries

20. Any queries on this circular and its enclosures or the administration of the grant should be directed to-

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This circular may be freely reproduced by all to whom it is addressed.

This Circular has been issued by:

A handwritten signature in black ink, appearing to read "Denise Platt".

Director
Denise Platt CBE
Chief Inspector SSI
Director for Children, Older People & Social Care Services

2003/04 CAMHS GRANT ALLOCATIONS

Local authority	2003/04 CAMHS allocations (£m)
Barking and Dagenham	0.274
Barnet	0.335
Barnsley	0.174
Bath & North East Somerset	0.094
Bedfordshire	0.223
Bexley	0.195
Birmingham	1.470
Blackburn with Darwen	0.159
Blackpool	0.140
Bolton	0.243
Bournemouth	0.132
Bracknell Forest	0.073
Bradford	0.523
Brent	0.479
Brighton & Hove	0.233
Bristol	0.404
Bromley	0.239
Buckinghamshire	0.246
Bury	0.147
Calderdale	0.160
Cambridgeshire	0.276
Camden	0.480
Cheshire	0.377
City of London	0.008
Cornwall	0.315
Coventry	0.321
Croydon	0.414
Cumbria	0.277
Darlington	0.077
Derby	0.215
Derbyshire	0.379
Devon	0.385
Doncaster	0.241
Dorset	0.187
Dudley	0.218
Durham	0.361
Ealing	0.462
East Riding of Yorkshire	0.142
East Sussex	0.329
Enfield	0.333
Essex	0.791
Gateshead	0.185
Gloucestershire	0.325
Greenwich	0.456
Hackney	0.719
Halton	0.144
Hammersmith and Fulham	0.386
Hampshire	0.650
Haringey	0.477
Harrow	0.192
Hartlepool	0.092
Havering	0.163
Herefordshire	0.093
Hertfordshire	0.630
Hillingdon	0.235
Hounslow	0.294

Isle of Wight Council	0.097
Isles of Scilly	0.001
Islington	0.533
Kensington and Chelsea	0.311
Kent	0.897
Kingston upon Hull	0.296
Kingston upon Thames	0.118
Kirklees	0.318
Knowsley	0.260
Lambeth	0.763
Lancashire	0.825
Leeds	0.623
Leicester	0.353
Leicestershire	0.256
Lewisham	0.598
Lincolnshire	0.352
Liverpool	0.678
Luton	0.211
Manchester	0.705
Medway	0.193
Merton	0.211
Middlesbrough	0.184
Milton Keynes	0.182
Newcastle upon Tyne	0.314
Newham	0.577
Norfolk	0.447
North East Lincolnshire	0.146
North Lincolnshire	0.101
North Somerset	0.102
North Tyneside	0.176
North Yorkshire	0.269
Northamptonshire	0.411
Northumberland	0.178
Nottingham	0.370
Nottinghamshire	0.444
Oldham	0.228
Oxfordshire	0.332
Peterborough	0.150
Plymouth	0.238
Poole	0.090
Portsmouth	0.202
Reading	0.146
Redbridge	0.241
Redcar and Cleveland	0.136
Richmond upon Thames	0.128
Rochdale	0.230
Rotherham	0.208
Rutland	0.013
Salford	0.257
Sandwell	0.329
Sefton	0.270
Sheffield	0.463
Shropshire	0.134
Slough	0.147
Solihull	0.146
Somerset	0.263
South Gloucestershire	0.122
South Tyneside	0.178
Southampton	0.231
Southend-on-Sea	0.161
Southwark	0.739
St Helens	0.152
Staffordshire	0.418
Stockport	0.198

Stockton-on-Tees	0.164
Stoke-on-Trent	0.217
Suffolk	0.362
Sunderland	0.280
Surrey	0.550
Sutton	0.174
Swindon	0.121
Tameside	0.197
Telford and the Wrekin	0.134
Thurrock	0.129
Torbay	0.114
Tower Hamlets	0.722
Trafford	0.167
Wakefield	0.238
Walsall	0.247
Waltham Forest	0.372
Wandsworth	0.464
Warrington	0.125
Warwickshire	0.274
West Berkshire	0.068
West Sussex	0.414
Westminster	0.353
Wigan	0.225
Wiltshire	0.222
Windsor and Maidenhead	0.075
Wirral	0.346
Wokingham	0.057
Wolverhampton	0.292
Worcestershire	0.292
York	0.100
Total	44.1

A COMPREHENSIVE CAMHS

The Priorities and Planning Framework (PPF) has set the expectation that a comprehensive child and adolescent mental health service (CAMHS) will be available in all areas by 2006. This means that in any locality there is clarity about how the full range of user's needs are to be met, whether it be the provision of advice for minor problems or the arrangements for admitting to hospital a young person with serious mental illness.

Clear pathways must be set out to show how the range of mental health needs of children and young people will be met, whether it be from within services whose prime purpose is to deliver mental health care or from other services with a different primary function. This will not necessarily mean that all services will be in their final configuration or available in every locality by 2006. Where local provision is not appropriate or possible, commissioners will need to set out the collaborative arrangements that will ensure that there is an agreed care pathway to meet the specific needs from an alternative service. The aspiration should be to continually improve and develop the services in the context of multi-agency partnerships across the spectrum of need, and informed by the best available evidence.

A COMPREHENSIVE SERVICE IN PRACTICE:

Commissioners will require a clear definition and description of a comprehensive CAMHS. This can be set out under a number of separate headings:

Underpinning principles

- Should be available to all children and young people regardless of their age, gender, race, religion, ability, class, culture, ethnicity or sexuality.
- Effective CAMHS commissioning is a multi-agency activity and requires that the commissioners have the requisite skills, knowledge, time and executive authority to undertake the task.
- Both the commissioning and delivery of services must be informed by a multi-agency assessment of need that is updated regularly. This needs to incorporate:
 - Locally adjusted epidemiological information on the prevalence of children's mental health problems to reflect the diversity of the population and other local demographic circumstances.
 - An assessment of the needs of particular groups of children and young people in the locality who are vulnerable or at risk
 - An audit of services currently provided by all agencies that address both directly and indirectly the mental health needs of children and young people.
 - An analysis of current service usage.
 - The views of all stakeholders including those of the children, young people and families.
 - The available evidence of the efficacy and effectiveness of interventions and service models.
 - Current national and local policy priorities.
- Services must be commissioned to ensure that the workforce is of sufficient critical mass to have the capability to meet the range of defined needs safely, effectively and efficiently.

Range of services

- The range of services and their settings should reflect the specific needs:
 - related to the age of children and young people using the service
 - related to the circumstances of the child particularly if that may affect their access to services
 - associated with the presence of a learning disability.
- Arrangements should be in place to ensure that 24 hour cover is provided to meet urgent needs and a specialist mental health assessment should be undertaken within 24 hours or during the next working day.
- There needs to be a balance of service provision in order that all levels of need can be met as required:
 - Within primary level services, (Tier 1) those in contact with children need to be able to have sufficient knowledge of children's mental health to be able to: identify those who need help; offer advice and support to those with mild or minor problems; and have

sufficient knowledge of specialist services to be able to refer on appropriately when necessary.

- Child mental health workers and child mental health specialists (Tier 2) need to be available to support, train, liaise with, consult to and provide direct work with other agencies providing services for children.
- Specialist multidisciplinary teams in all localities should be able to provide:
 - specialist assessment and treatment services;
 - services for the full range of mental disorders in conjunction with other agencies as appropriate;
 - a mix of short term and long term interventions and care according to the complexity and chronicity of the child or young person's problems;
 - a full range of evidence based treatments;
 - consultation and training;
 - access to specialist services that are commissioned on a Regional or multi-district basis, including in-patient care.

Workforce and Training

- The professional mix within specialist services and teams should be balanced to ensure availability of an appropriate representation of skills:
 - professional and team isolation should be avoided in all services.
- Commissioners in conjunction with specialist providers should support the development of CAMH expertise within all children's agencies.
- Multi-professional training and consultative work, undertaken both within and across agencies, is essential.
- The necessary resources to support the training and development requirements of the CAMHS workforce should be available.

Organisation

- Agreed protocols should be in place to manage waiting lists and times according to need.
- Where interfaces exist between services, as between adult and children's mental health services, arrangements should be negotiated to ensure clarity and effectiveness of separate and joint service responsibilities and smooth transitions of care.
- Where service delivery demands effective partnerships between agencies (e.g. children and young people with complex, persistent and severe behavioural disorders) joint protocols should be agreed at senior officer level between the NHS, social services and education.