

## CAMHS Service Specification **Template**

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## Using this template

The template is provided electronically in MS Word format. This enables you to insert as much text and as many graphics as you like, also to cut and paste and change the order where necessary. To protect the layout and content when the document is complete, you may wish to convert it to pdf, using Adobe Writer.

## Populating each section

All text in black is there to be retained in the final document. All text in red is there to help and guide the populating of each section and should be deleted when your plan is complete.

## Inserting text from other sources.

If you cut and paste text from other sources, especially HTML from the web, or pdf documents, it is advisable to first paste your selected text into **Notepad**, then cut and paste again into your template. This will remove all formats and codes, enabling you present the information in your chosen style.



To find **Notepad** click on the **Start** menu. If it does not appear, right click on **Start**, select **Search**, then, under **Search by any of the criteria below**, type “notepad” and under **Look in**, select **My Computer**, then click on **Search**. When **Notepad** appears in the window, double click to open it.

## Using the evidence boxes

The evidence boxes are there for you to make reference to any policy, guidance or research that provides the rationale for your statements. You may not wish to fill all the boxes.

## Types of evidence

- V** Values based: national and local policy and strategy, partnership vision and philosophy.
- P** Practice based: results of local audits, case studies, evaluations.
- R** Research based: results of systematic reviews, findings reported in national peer reviewed journals and books.

## CAMHS Service Specification Plan **Template**

### **PART I Introduction**

1. Nature and scope of the service required
2. Overall purpose and aims of the service
3. The user group for whom the service will be provided
4. National standards and related targets
5. Local guidance and local analysis of needs.

A service specification should start with a brief description of the nature and scope of the service required, the user group for whom the service will be provided and the overall purpose and aims of the service. Locally agreed principles or values underpinning the service are normally included at this point as well as relevant information about partnership working in this area. It may also be useful to include an explanation/definition of any technical terms used in the document as well as the recent background of the service or client group, for example is it a new service or existing one?

It should be made clear at the outset if the service specification is based on any national standards and related targets, or other national or local guidance as appropriate, or a local analysis of needs.

This template is adapted for CAMHS from the *Model Service Specification* developed by the Institute for Public Care, Oxford Brookes University and located on the *East Midlands Framework for Commissioning* website.<sup>1</sup>

### **1. Nature and scope of the service required**

- Which level/s or tier/s of CAMHS are covered by this plan

#### **Evidence**

Eg Kelvin, (2005);<sup>i</sup> HNS Health Advisory Service, (1995);<sup>ii</sup> DH, (2004);<sup>iii</sup> DfES, (2004)<sup>iv</sup>

### **2. Overall purpose and aims of the service**

- Make direct use of the strategic vision contained within the CAMHS Strategy
- Also refer to the Children and Young People's Strategy and the Children and Young People's/CAMHS Commissioning Strategy, if available

<sup>1</sup><http://www.regionalcommissioning.co.uk/resources/G17%20Model%20service%20specification%20Dec%202006.doc>

### **3. The user group(s) for whom the service will be provided**

- **Include:**
  - the geographical area covered (normally LA and PCT boundaries)
  - the specific at-risk or targeted groups identified by needs analysis

### **4. National standards and related targets**

- Use references to Every Child Matters and the NSF, already contained within the CAMHS Strategy

### **5. Local guidance and local analysis of needs.**

- **Refer to**
  - the *East Midlands Framework to Support Commissioning*
  - the CAMHS Strategy
- Identify expertise to help summarise the population needs assessment and specify the priorities that have emerged from it.

**PART II Description of service to be provided**

1. Client groups covered.
2. Geographical location and spread of services.
3. Referral/entry routes, eligibility
4. Discharge/exit routes.
5. Processes, activities, interventions.

This section should give a fuller description of the size and nature of the service required, including information about:  
The different client groups requiring services.  
The differing needs of the service users.  
The geographical location and spread of services.  
How it is intended that service users will be referred or otherwise enter the service.  
Any eligibility criteria for the service that will operate.  
The processes or activities to be provided under the contract and an indication of the volume.

**1. Client groups covered.**

- List and provide summary description of the groups that have been prioritised following analysis of need

**Evidence**

Eg reference to needs assessment

**2. Geographical location and spread of services.**

- Provide (a) service map(s)
  - Tiered/strategic map
  - Geographical map

#### 4. Discharge/exit routes.

- These should already exist – are they agreed by the partnership/commissioners?
- Discharge/exit routes may be shown on the tiered service map



#### 5. Processes, activities, interventions

- How many referrals/requests to be accepted per year
- Average caseload – per WTE/per team
- Annual throughput – numbers of cases accepted, number of cases discharged
- Interventions and therapeutic activities to be offered – matched to client group

#### **Evidence**

Eg York and Lamb, <sup>v</sup>(2006); Kelvin, (2005)  
Also benchmarking using CAMHS Mapping Atlas<sup>vi</sup>  
Outcomes: CAMHS Outcomes Research Consortium (CORC);<sup>vii</sup> Wolpert et al, (2007)<sup>viii</sup>

**PART III Specific standards and targets**

1. Staffing levels, training, qualifications and experience.
2. Management, leadership, supervision
3. Local or national service standards and guidance.
4. Assurance of safety, consistency and quality
5. Involvement of users and carers
6. Provider involvement in the review of services.
7. Provider procedures for incidents, complaints and feedback.

This section should detail the specific outcome and output targets to be achieved. It will be necessary to differentiate between those that are requirements and those that offer some flexibility for the provider. It is normally considered good practice to get a balance between outcomes, outputs and inputs, and, in any event, for outcomes to be restricted to three or four vital issues, which are meaningful and measurable.

To help the provider understand how these factors fit with the overall service requirements, it may be possible to include model care pathways for the different client groups.

Having determined the outcomes and outputs of services required, it is important to identify any other quality aspects that you require

**1. Staffing levels, training, qualifications and experience.**

- Numbers of WTE needed
- Qualifications required – at different levels
- Skill mix – based on evidence of effectiveness linked to outcomes

**Evidence**

Eg York and Lamb, (2006); Kelvin, (2005), DH, (2004)

**2. Management, leadership, supervision**

- Expectations of provider HR policies
- Management functions relevant to commissioning – accountability, monitoring, reporting
- Minimum standards for professional supervision
- *How will these be demonstrated*

### 3. Local or national service standards and guidance.

- Compliance with targets eg waiting times, PSA targets
- *How will these be demonstrated*

### 4. Assurance of safety, consistency and quality

- Compliance with clinical governance, information sharing/data protection
- *How will these be demonstrated*

### 5. Involvement of users and carers

- How will service users participate in care planning and review.
- What mechanisms will be used to collect, analyse and act upon, service user feedback

#### **Evidence**

Eg CHI Experience of Service Questionnaire (ESQ) <sup>ix</sup>

### 6. Provider involvement in the review of services.

- How will providers audit and evaluate
- In what form will audits and evaluations be reported to the commissioners/partnership

#### **Evidence**

Eg QNIC, <sup>x</sup> QNMAC <sup>xi</sup>

### 7. Provider procedures for incidents, complaints and feedback.

- Expectations of provider procedures and policies.

## **PART IV Monitoring Arrangements**

This section should closely link with section 3 above and provide the means by which commissioners can satisfy themselves that service delivery accords with the agreed levels and standards.

There are two main possibilities in respect of information systems. One, that commissioner systems dictate the way in which information is recorded, collated and transmitted by the provider. Two, that the commissioner is happy to leave the collection, collation and transmission systems to the provider, providing it is able to meet the overall information requirements. It is vital that the specification makes clear what is required of the provider in these terms.

The specification should also make clear the expectations of the commissioner in terms of the provider attending meetings and the sharing of information. A schedule of meetings and the main agenda items might be included as an appendix of the specification.

As well as the performance indicators that the provider will be expected to report on, any other monitoring arrangements need to be outlined such as monitoring visits, complaints or the possibility of spot checks.

## References

- <sup>i</sup> Kelvin, R.G., (2005) Capacity of Tier 2/3 CAMHS and Service Specification: A Model to Enable Evidence based Service Development. *Child and Adolescent Mental Health*, 10:2, pp 63-73
- <sup>ii</sup> Health Advisory Service, (1995) *Together We Stand. The Commissioning, Role and Management of Child and Adolescent Mental Health Services*. London: TSO
- <sup>iii</sup> Department of Health, (2004) *National Service Framework for Children, Young People and Maternity Services*.  
<http://www.dh.gov.uk/en/Policyandguidance/Healthandsocialcaretopics/ChildrenServices/Childservicesinformation/index.htm>
- <sup>iv</sup> Department for Education and Skills, (2004) *Every Child Matters*.  
<http://www.everychildmatters.gov.uk/>
- <sup>v</sup> York, A., & Lamb, C., Eds., (2005) *Building And Sustaining Specialist CAMHS. Workforce, capacity and functions of tiers 2, 3 and 4 specialist Child and Adolescent Mental Health Services across England, Ireland, Northern Ireland, Scotland and Wales*. London: Royal College Psychiatry [http://www.rcpsych.ac.uk/pdf/str\\_CAMHS\\_sep05.pdf](http://www.rcpsych.ac.uk/pdf/str_CAMHS_sep05.pdf)
- <sup>vi</sup> <http://www.camhsmapping.org.uk/2005/reports/live.php>
- <sup>vii</sup> <http://www.corc.uk.net/>
- <sup>viii</sup> Wolpert, M., Fuggle, P., Cottrell, D., Fonagy, P., Phillips, J., Pilling, S., Stein, S., & Target, M., (2006) *Drawing on the Evidence. Advice for mental health professionals working with children and adolescents*. 2<sup>nd</sup> edition  
<http://www.ucl.ac.uk/clinical-health-psychology/pdfFiles/DotEBooklet2006.pdf>
- <sup>ix</sup> <http://www.chi.gov.uk/db/documents/04017626.pdf>
- <sup>x</sup> QNIC: A Quality Network for Inpatient CAMHS  
<http://www.rcpsych.ac.uk/crtu/centreforqualityimprovement/qnic.aspx>
- <sup>xi</sup> QINMAC: a Quality Improvement Network for Multi-agency Child and Adolescent Mental Health Services (CAMHS)  
<http://www.rcpsych.ac.uk/crtu/centreforqualityimprovement/qinmaccamhs.aspx>