

AF – Aileen Fitzgerald
 RR – Ruth Rogan
 AR – Andy Roberts
 LM – Linda Mason
 DW – David Ward
 JC – Jan Cole
 GS – Gill Shapero

CAMHS Partnership self assessment matrix 2007/8
--

Key:

Red – short term – < 6 months

Blue – medium term – 6 – 12 months

Green – long term - > 12 months

Black - completed

High level action plan

Element of a comprehensive CAMHS	Score/traffic light	Action/s needed	Who is responsible for the action/s	Deadline for completion
1. Functioning and inclusive partnership.	15/24	1. Develop and agree partnership terms of reference 2. Agree governance link to C&YPSP Executive, provide six monthly updates 3. Agree implementation of PBMA/Best Value project 4. Review capacity requirements to deliver action plan 5. Update CAMHS Strategy following completion of PBMA/Best value 6. Updated CAMHS strategy is implemented via whole system ownership	AF RR/AF All AF/RR AF/partnership RR/AF/LM	Oct 06 Oct 06 Sept 06 May 07 Dec 07 Mar 08
2. CAMHS strategy underpinned by comprehensive needs assessment.	18/36	1. Implement project plan for PBMA/Best Value 2. Firmly establish provider/stakeholder reference group 3. Ensure explicit links with participation agendas 4. Implement outcome of PBMA/Best value project by commissioning new services/re-design existing services based on need and developing joint investment plans based on need with outcome focus 5. Include outcome focus to all SLA's 6. Develop communication strategy	PBMA team JS/AR AR RR/AF/LM RR/AF/LM Tbc	April-Dec 07 June 07 June 07 From Oct 07 From Oct 07 Tbc
3. Effective commissioning.	12/21	1. See action points in section 2 above 2. Audit & review protocol with adult mental health 3. Link with childrens services joint commissioning project	DW/JC AF/AR	May 07 March 08

4. Multi agency provision of universal services.	10/15	<ol style="list-style-type: none"> 1. See action point 1.5 above (ie include all tiers of provision in strategy) 2. Map what is happening locally 3. Implement programme for mental health awareness across the whole system 	JS/AR/Ref Group Ref Group JC/GS/LM	June 07 March 08
5. Multi agency provision of targeted services.	14/21	<ol style="list-style-type: none"> 1. See action point 1.5 above (ie include all tiers of provision in strategy) 2. Agree SLA for LAC team 3. Agree Young Carers action plan 4. Progress DnA integration plans 5. Formulate action plan for increasing access for BME 6. Develop links with housing 	AR AR RR JC/AR AF/JS	Mar 07 Mar 07 Mar 07 June 07 Oct 07
6. Multi agency provision of specialist services.	29/45	<ol style="list-style-type: none"> 1. ADHD/Hyper-kinetic – Project plan in place 2. Review Tier 3 eating disorder services Special Interest Group established 3. Autistic spectrum: conduct feasibility study for North of Tyne provision 4. Review model of locality LD/CAMHS provision 5. Use findings of T4/HASCAS review to inform commissioning plans for T2/3 locality services and collaborate with cross-locality commissioning for T4 services 6. Consolidate links to adult mental health services via Early Intervention Psychosis. 7. Conduct disorder – devise action plan as per NICE requirements 	JC DW PT JC AF DW AF/JC	Review Oct 07 Apr 07 March 07 May 07 May 07 Dec 06 Oct 07
7. Workforce.	5/12	<ol style="list-style-type: none"> 1. Complete activity rebasing work, include teaching/training/consultation activity in performance management framework/service specification 2. Develop workforce plan in partnership with workforce development strategy 	AF JC	June 07 March 08
8. Specialist CAMHS infrastructure.	9/24	<ol style="list-style-type: none"> 1. Establish service management and clinical lead responsibilities as part of reconfiguration of NTW 2. Establish strong internal governance structures including service user perspective 	JC JC/AR	March 07 Dec 06

9. Accessibility.	11/18	<ol style="list-style-type: none"> 1. Maximum wait from referral to appt complies with national standard 2. See action point 5.5 re BME access 3. Local service provision for 0-19 age group. Each local team has practitioners with specific expertise care for adolescents 4. Service users have choice of appointment time, and are seen in community settings of choice wherever possible 5. Send travel information to patients with first appointment letter 6. Implement protocol to ensure equity of access to CAMHS and LD services 7. Implement direct booking system pilot established April 07 8. Upgrade NTW Trust buildings and ensure venues are readily accessible with reference to appropriate estates strategies 	<p>JC</p> <p>JC</p> <p>JC</p> <p>JC</p> <p>JC</p> <p>JC</p> <p>JC</p>	<p>Ongoing</p> <p>March 07</p> <p>Ongoing</p> <p>Ongoing</p> <p>Feb 07</p> <p>Review Sept 07</p> <p>December 08</p>
10. Appropriateness and acceptability.	5/12	<ol style="list-style-type: none"> 1. Link to actions 2.1, 2.2, 2.3, 2.4, 7.2 2. Develop CORC (outcome measurement) reports and link to ECM outcomes 	<p>JC/DW</p>	<p>Sept 07</p> <p>March 08</p>