Joint working & Information Sharing Protocol between
Harrow Child & Adolescent Mental Health Services & Harrow Children and Young People Services

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Glossary

CAF Common Assessment Framework
CAMHS Child & Adolescent Mental Health Service
CCG Clinical Commissioning Group
CIN Children In Need
CLA Children Looked After
CP Child Protection
MASH Multi Agency Safeguarding Hub
TAF Team Around the Family
Introduction

1.1 The aims of this protocol and associated flowchart are:

- To ensure that information sharing meets the requirements of the Harrow Safeguarding Children Board;
- Joint working arrangements including referral pathways, are delivered in a timely and comprehensive manner that ensure positive outcomes are optimised for children and young people.

1.2 This protocol has been endorsed by Harrow Clinical Commissioning Group (CCG) and represents an agreement between Harrow Child and Adolescent Mental Health Service (CAMHS) and Harrow Children and Young People Services to set in place minimum standards when working together to support children and young people effectively.

1.3 Single agency service/care plans, and where necessary joint working arrangements will be agreed by, where appropriate, sharing assessment outcomes. Where children/young people require continuing support services this will be delivered through jointly agreed service plans (set out in Team Around the Family [TAF], Child in Need [CIN], Child Protection [CP], Looked after Child [LAC], and Pathway Plans).

2. Data / Information to be shared

2.1 The data / information that the services / practitioners are likely to require to be shared will mainly consist of, but are not limited to:

- Sensitive Personal Case Information
- Medical / Medication Information
- Criminal Justice Information
- Legal status / legal documentation
- Correspondence
- Reports
- Minutes/Notes of meetings

2.2 The decision regarding sharing information requires balancing the individual’s rights to privacy and the duty to promote the child’s welfare. The key factor is whether the proposed information sharing is lawful and a proportionate response to achieve the objective of promoting the welfare of the child/young person.

2.3 The child’s best interests must be the overriding consideration in making any decision to share information. Information sharing will largely result from either direct referrals being made by agencies to each other, or background information requests where considered appropriate through other referral/investigation/assessment processes.

2.4 As a general rule, consent for sharing information should always be sought unless doing so would place the child/young person at greater risk of harm, or impede a criminal investigation. Where appropriate, consent should be obtained before information sharing disclosure from a person with parental responsibility for the child/young person, or the child/young person where s/he has sufficient
maturity, intelligence, and understanding to make an informed decision. The key to establishing this capacity, is for agencies to consider and conclude if the young person is to be considered as “Gilleck competent”.

2.5 If consent is refused, information may still be shared, if by providing the information it will assist further enquiries required under statutory functions of either agency, or to protect the child/young person from harm.

2.6 If information is disclosed with or without consent, each agency will follow record keeping procedures in accordance with legal requirements, and the agency’s own procedures.

2.7 Where the decision is made to share information without consent, the reasons why should also be clearly recorded. Information must be shared where there is a risk the child may be in danger, or at risk of significant harm, including concerns of sexual exploitation, forced marriage, female genital mutilation, and radicalisation.

3. Referral/Joint Working Pathway

3.1 CAMHS/Health Services making a referral/enquiry to Children and Young People Services will do so through the Multi Agency Safeguarding Hub [MASH], through the golden number 0208 901 2690/referral form which is a CAF (see appendix 1).

3.2 Children and Young People Services making a referral to Harrow CAMHS will do so through a comprehensive consultation with Morning Lane Associates. Morning Lane Associates will make referrals for young people that following a clinician assessment that threshold is met for consideration for a tier 3 service. Morning Lane Associates will contact CAMHS through Ash Tree Clinic on 0208 869 4500, and complete referral form (see Appendix 2), and copy will be sent to the young person’s GP.

3.3 Referrals to CAMHS are subject to a paper triage process, completed on the same day the referral is received, which is reviewed against agreed threshold and priority criteria (see Appendix 3).

3.4 If the referral from Children and Young People Services is not considered appropriate, CAMHS will confirm in writing to the referring agency, and a copy to the young persons GP. Referrals progressing from paper triage will be progressed through a face to face triage appointment usually completed within 14 days. If following the face to face appointment the young person’s circumstances is considered appropriate, it will move forward for a comprehensive assessment. Some referrals will bypass the triage system and will be passed directly to specialist teams for assessment (see CAMHS referrals flowchart 2015, Appendix 4).

3.5 Referrals for children/young people that Deliberately Self Harm are usually referred directly to both agencies through the Accident and Emergency Department of Northwick Park Hospital. Assessments will be undertaken jointly by both agencies.

3.6 Outcomes of assessment will usually include follow up by CAMHS within 7 days of discharge from hospital, intensive community treatment, Tier 4 mental health
service, and may also be subject of child in need service under Section 17 of the Children Act 1989, or Team Around Family plan delivered through Early Intervention Services. Where it has been jointly assessed that this level of service is not required, there is usually information shared by consent with the child/young person’s school.

3.7 Where it is established through these agreed referral/assessment processes that each agency is undertaking ongoing work with individual children/young people, each agency agrees to continue to share information on the implementation of their specific work. This will be done through CAMHS being invited, and attending/sending progress reports to review/conference meetings for children subject of TAF, CIN, CP of LAC plans. These meetings will be supplemented by professionals meetings wherever required.

3.8 It is agreed that any CAMHS service that is ended, will be subject of a letter to the referring agency, and copied to Children and Young People Services. This discharge letter will include a summary of diagnosis / involvement / medication. Children and Young People Services will understand that Harrow CAMHS service is continuing until this discharge letter is received.

4. Looked After Children moving placement/area

4.1 It is agreed that Children and Young People Services social worker will inform Harrow CAMHS when / where a LAC receiving services from Harrow CAMHS moves placement / area. This will initiate Harrow CAMHS formally discharging the young person from their service, and will email / fax a copy of discharge letter within 72 hours of placement change.

4.2 Children and Young People Services social worker and the Harrow CAMHS allocated clinician will ensure that together they will inform the child/young person’s GP, and contact/refer to CAMHS in the new area for appropriate service.

4.3 The Harrow CAMHS discharge letter will form the basis of the information required by the receiving CAMHS to set up appropriate reception service.

4.4 It is agreed that any report from the new CAMHS sent to the allocated social worker/review report etc. will be forwarded by the social worker to Harrow CAMHS. This will mean that Harrow CAMHS will retain an up-to-date profile of the young person’s progress through mental health services.

4.5 Sometimes, LAC will move a number of times, and this poses a significant problem with securing a stable CAMHS service. Considering this challenge, and learning from a Harrow Serious Case Review, it has been agreed that Children and Young People Services allocated social worker will utilise previous discharge letter, and Harrow CAMHS will continue to provide advice on a consultative basis to help manage a smooth transition to the next local area.

4.6 Specifically, this means that the allocated social worker, will continue to inform Harrow CAMHS of any subsequent placement change, and that Harrow CAMHS will then use its previous discharge letter, and subsequent copies of up-dated CAMHS reports to up-date the receiving CAMHS in a 72 hour time frame.
4.7 In the event that there is a Serious Case Review, both local authority and health commissioners will be invited to take part in the learning. All information related to the case and interventions by CAMHS and Young People Services will be shared.

4.8 If a LAC/young person returns to the Harrow area, the discharge letter from the CAMHS service from the leaving area ie where the child/young person lived, will be sent by the allocated social worker to Harrow CAMHS.

4.9 It is agreed that this discharge letter will trigger either a triage appointment (if assessment is required) or the allocation of a suitable CAMHS clinician.

4.10 By working in this way, it will ensure that the child/young person is supported in a timely, best possible manner during the time they spend outside Harrow, with continued timely support upon their return.