Report for the Joint Health Overview and Scrutiny Committee

Transforming CAMHS Inpatient Services for young people living in Barnet Enfield and Haringey

NHS North Central London

19th September 2011

1. Statement of Intent

The NHS in Barnet, Enfield and Haringey is committed to developing local Child and Adolescent Mental Health services (CAMHS) in line with the recommendations of the National CAMHS review, which was published in 2008. The review recommended the development of a range of CAMHS services, with a focus on ensuring that universal, targeted and highly specialist services work effectively together to provide well integrated child and family centred CAMHS services that respond appropriately to what can be very different individual needs.

The changes proposed in the document that went out to consultation will impact on the CAMHS that we currently provide for 12 – 18 year olds, with severe and complex mental health problems, including suicidal behaviour and/or emerging personality disorders, in need of specialist CAMHS. We are currently overly dependent on inpatient services. The proposed changes are intended to develop a more mixed model of provision, whereby inpatient admission, for both short and medium lengths of stay, will remain an option. However, there will also be more investment in, and a greater emphasis on, community based care.

We recognise that the service users from the Northgate clinic made a powerful presentation at the last meeting of the Joint Health Overview and Scrutiny Committee on 15th July, and that equally members of the Committee raised a number of concerns both at the meeting and in the subsequent letter that required action and a fuller response from ourselves. We welcome the opportunity to explain the actions we have taken since the meeting and to respond to the questions raised, and requests for further explanation.

2. The current model

The NHS in Barnet, Enfield and Haringey currently commissions Barnet, Enfield and Haringey Mental Health Trust to provide the following services for young people with severe and complex mental health problems aged 12-18 years old:

- 'Tier 3' multi disciplinary adolescent community teams in each borough. These teams see young people in a clinic in the community and work closely with a range of professionals including social workers, teachers, GPs etc to ensure an integrated approach to treatment.

- 'Tier 4' adolescent in-patient units:

  - *New Beginning* a 12 bed NHS acute adolescent psychiatric unit exclusively commissioned by NHS Barnet, Enfield and Haringey and until recently Camden. Average length of stay of 42 days.

  - *Northgate Clinic* a 12 bed NHS adolescent therapeutic unit with an average length of stay of nine months.

In addition to the two inpatient units provided by BEH-MHT, which are on the same site, it is sometimes necessary to fund admissions to inpatient units provided by other NHS providers or the private sector.

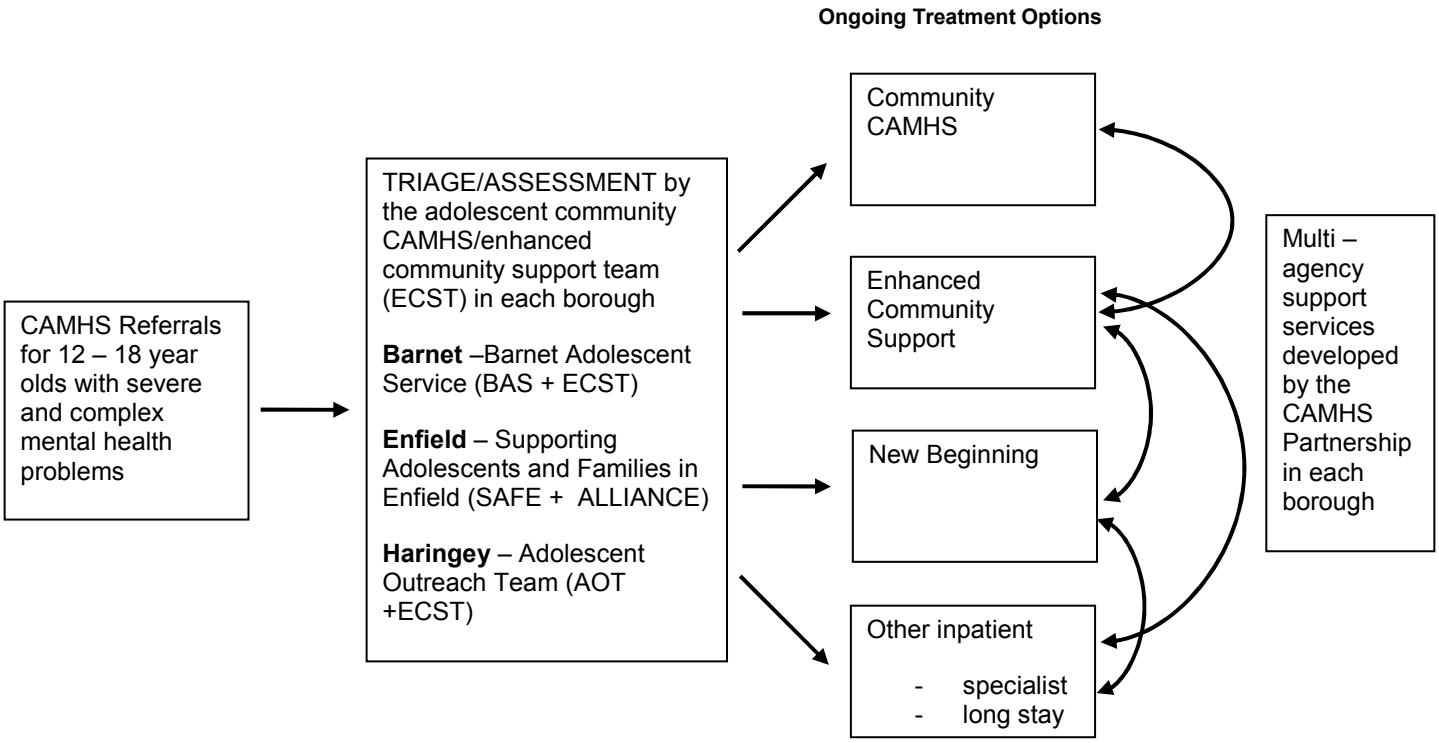
The total annual BEH CAMHS budget (across all services) is approx £17 million, of that approx 35% is spent on inpatient/residential Tier 4. In 2007/2008, which was the last year that the national CAMHS data mapping exercise was carried out, 26% of total spend nationally went on inpatient/residential Tier 4 activity. This shows an over-dependency and high spend on inpatient provision across the three boroughs due to the limited investment in community services and lack of commissioned alternative community interventions.

3. The proposed model

There is a growing body of evidence to support the development of a flexible range of inpatient, day patient, enhanced community, and community services that meet the, what can be very different, needs of children young people and their families with severe and complex mental health problems. (Green and Worrall Davies 2008, and Sergeant et all 2010). We are proposing a phased transformation of the services we commission, with an increased emphasis on prevention and early identification and intervention. Initially, we want to develop:

- New Enhanced Community Support teams in each borough based on the team piloted in Enfield in 2010/11. The teams would be based with, and work alongside, the existing Tier 3/community adolescent CAMHS Teams in each borough. This will increase capacity in community services and facilitate increased access to a range of treatments options.
- A single fit-for-purpose inpatient unit which is able to meet the needs of most of the patients currently admitted into the two Barnet Enfield and Haringey Mental Health Trust units, and some patients currently admitted to expensive out-of-area units.
- Standard referral criteria across Barnet, Enfield and Haringey, including clear referral processes to other units for more complex or specialist inpatient admissions if necessary.
- A new evidence based model of care to underpin the whole pathway, and to allow the smooth transition of young people into adult services should they continue to require help when they reach the age of 18.
- A personalised approach, which links mental health intervention with supported education, with the aim of ensuring continuity of education and maximising life chances.

This describes the preferred model of care subject to the findings of the public consultation and engagement exercises.



If the preferred model of care is agreed, young people would be referred into the adolescent community CAMHS/Enhanced Community Support teams in each borough, and a decision taken as to which pathway to follow, depending on the presenting issues, associated risk assessment, family circumstances and so on. The adolescent community CAMHS/Enhanced Community Support teams in each borough will have responsibility for maintaining oversight of all young people in:

- the existing community CAMHS/Tier 3 teams
- the new Enhanced Community Support teams/Tier 3.5,
- inpatient/Tier 4 provision,

Thereby ensuring that each young person receives a tailored package of care and that care is co-ordinated.

Currently, community CAMHS adolescent teams see patients on average 1-2 times weekly, with additional contact during times of crisis/acute emergency. This is in addition to the indirect support that the CAMHS adolescent teams provide to professional networks and carers. The Enhanced Community Support teams would work as a bridge between the existing inpatient and community services. With an Enhanced Community Service, the patient receives as many contacts per week as is necessary at the most appropriate location, if possible agreed with the young person: home, school, clinic, other community setting etc. The Enhanced Community Support teams will also see young people in inpatient units to ensure links with community services and their community are developed and maintained, with the aim of keeping inpatient stays to a minimum where possible, ensuring a planned transition back to the community, thereby minimising disruption to the home and school environment. The skill mix of the proposed Enhanced Community

Support would complement the skill mix of the existing community teams in each borough in order to maximise access to a range of treatment options.

New Beginning would be remodelled to create a new 15 bedded therapeutic environment, which offers flexibility in terms of the kind of therapy/programme offered according to the needs of the young person, and which allows for both emergency and planned admissions, including both day case and inpatient stays. It is anticipated that most young people would return to the community CAMHS/Enhanced Community Support teams after a short admission but the new model would allow for longer admissions where it is needed. The new unit will work closely with the community CAMHS/ Enhanced Community Support teams, and there will be continuity of contact with key CAMHS professionals, working as part of broader multi-agency teams that include schools. The remodelled New Beginning will be up and running from 2012/13. In the interim New Beginning will continue to operate as an acute/crisis adolescent unit, and if a young person requires a longer inpatient stay then this will be spot purchased, for example from Simmons House in Haringey.

Examples of care pathways under the proposed model

Patient 1

Referred to specialist CAMHS because of depression and severe anxiety with recent episodes of self harm. Has not attended school for 2 weeks. On assessment is found to be significantly depressed. An inpatient admission is considered, but the home situation is stable and it is agreed to refer the young person to the Enhanced Community Support team. Initially, there is daily contact with the service at home, with the focus on motivational work to support engagement in therapy. This is followed by a period of Cognitive Behaviour Therapy to address the anxiety and depression. Family work is undertaken to help the family provide the necessary support. As the young person's condition improves the Enhanced Community Support team supports transition back into school and the number of contacts is reduced. The case is subsequently transferred to the Tier 3 CAMHS Team and the young person remains at home and attends school regularly with ongoing support from Tier 3 Community CAMHS.

Patient 2

Admitted to New Beginning via Accident & Emergency, and is newly diagnosed with manic depressive disorder. After the initial crisis is over, is referred to the Enhanced Community Support team who make daily contact at the unit to support early discharge. Discharged back into the community after 2 weeks and is seen daily at home for 1 month with home tutoring provided by the education service. Condition improves and after 3 months, the Enhanced Community Support team supports transition back into school, and the case is transferred to the Tier 3 Community CAMHS Team.

Patient 3

Severe case of repeated self harm referred initially under Section 3 to a secure unit and is then referred to New Beginning. Referred to the Enhanced Community Support team at the point of transfer to support the 'step down' and facilitate earlier discharge back into the community. Because of a change in home circumstances caused by a breakdown in family relationships it becomes apparent that the young person requires a longer than

anticipated stay at New Beginning and a medium stay therapeutic regime at the unit is agreed. The Enhanced Community Support team is reengaged when discharge is being considered to support reintegration back into the community. It is no longer possible for the young person to live at home and the young person is discharged into Rodean Close, supporting people accommodation. The young person returns to mainstream school and continues to receive support from the Enhanced Community Support team.

Patient 4

Young person with emerging personality conduct disorder, at risk of exclusion from school, is referred to the Enhanced Community Support team at the point of admission to New Beginning to enable the team to support a short admission by engaging the young person as an inpatient. The Enhanced Community Support team member attends family therapy meetings with the family, and also attends meetings at school to facilitate reintegration back into school. The case is transferred back to the Tier 3 CAMHS Team but because of the relationship already established with the key worker from the Enhanced Community Support team, it is agreed that they will continue to see the young person.

4. Capacity and bed numbers in new model

If the proposal is accepted, we anticipate a reduction in demand for inpatient beds as evidenced in Enfield through the 'Alliance' pilot project. Northgate Clinic would close permanently, allowing for some of the funding for the unit to be reinvested into the adolescent community CAMHS/Enhanced Community Support teams. Until June 2011, the New Beginning unit was commissioned by 4 PCTs with access to on average 3 beds each. The remodelled unit will have 15 beds and, at least initially, will be exclusively commissioned by Barnet, Enfield and Haringey who will have access to on average 5 beds each. Our analysis of the case mix suggests that additional inpatient beds may need to be spot purchased occasionally; this will be in extremis, or to meet the needs of young people with more specialist needs e.g. forensic cases, and young people with combined mental health and severe learning disability problems. We will work with other commissioners in the NHS North Central London Cluster and other PCT Clusters, to ensure that there is an optimum mix of inpatient provision. Currently, in addition to the two unit provided by Barnet, Enfield and Haringey Mental Health Trust, we have potential access to a number of units offering a range of suitable provision including Simmons House in Haringey.

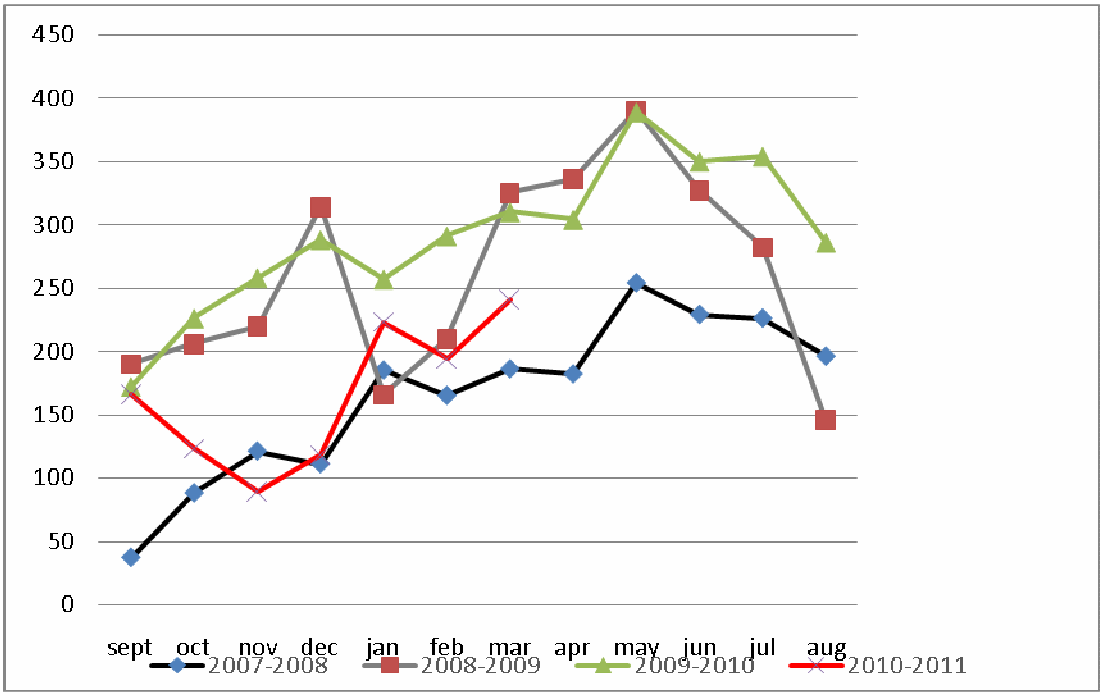
5. The evidence base

The Northgate Clinic model was developed some 30 years ago using the knowledge available at the time. Whilst some young people with severe and complex mental health problems have undoubtedly benefitted from the Northgate Clinic model, more recent evidence suggests that other modes of treatment, based on shorter admissions, can show at least as good outcomes with less disruption to the lives of young people and their carers. It has also been evidenced that keeping links with the young person's community makes the transition back to community services and every day life more successful.

There is a growing body of evidence to support the development of a flexible range of inpatient, day patient, enhanced community, and community services that meet the, what can be very different, needs of children young people and their families with severe and

complex mental health problems. (Green and Worrall Davies 2008, and Sergeant et all 2010).

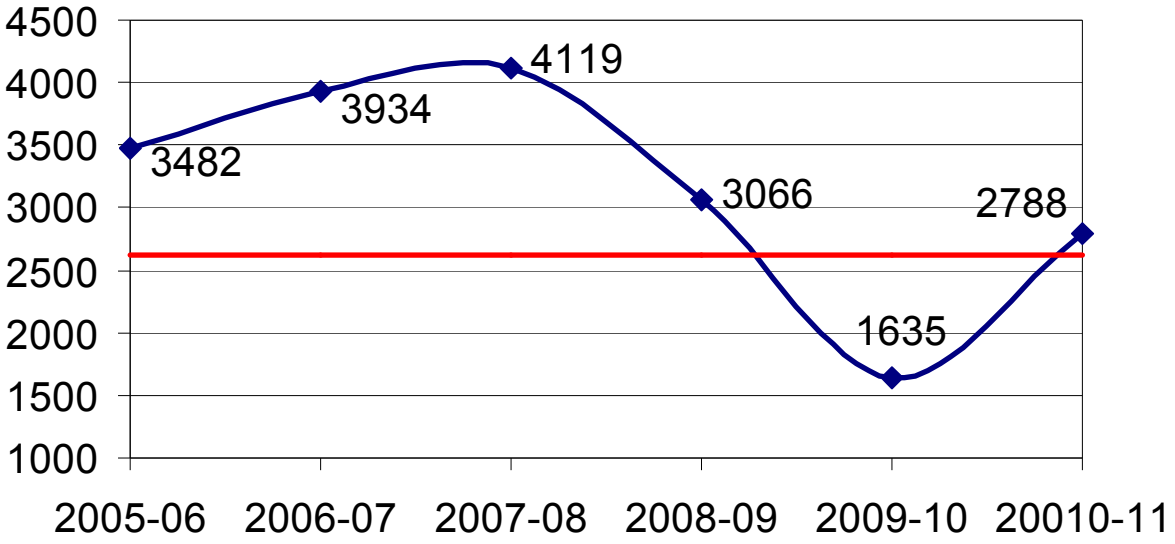
We know from the work of the Alliance Team in Enfield, who have piloted the Enhanced Community Support team model, that that over the first nine months of the pilot inpatient admissions were reduced by 176 days. As can be seen from the following graph there has been an overall reduction in the number of bed days being used for all admissions to Tier 4 services.



Looking at impact on individual cases, of the 23 young people referred to Alliance in the first 6 months of the pilot: 12 did not require inpatient admission, 5 required inpatient admission but length of stay was reduced, 1 was an inpatient with no change of length of stay and there were 5 open cases at the end of the period so impact could not be assessed. Whilst not all of the young people who did not require inpatient admission would have needed it if Alliance had not existed, this sample gives an idea of how we expect the model to work going forward and reflects what other people have found elsewhere.

In Islington, an intensive piece of work had been done since 2007/08 to reduce Tier 4 admissions - using a similar model to that being proposed in Barnet, Enfield and Haringey. There was additional investment into the Assertive Outreach Team (Enhanced Community Support team), of a similar order to that being proposed in Barnet, Enfield and Haringey. Simmons House, which was then a medium stay unit with a similar ethos to Northgate Clinic, was re–commissioned to take emergency as well as planned admissions, with a reduced length of stay for the latter, so that 3 to 6 months is the norm. The impact on number of Overnight Bed Days is shown in the graph below.

Tier 4 2005-2011 Total OBDs By Year



The links between the Enhanced Community Support team and Simmons House have been highlighted as being critical to the success of the model. In the model proposed for Barnet, Enfield and Haringey, continuity will be established through the Enhanced Community Support Teams.

The evidence base for the proposal is strong, and based on similar service models successfully introduced elsewhere. We have looked at a range of units, including Brookside and the Coburn Unit which are local units, where there is integrated, step up/step down provision on the one site, including intensive care/high dependency, acute/crisis, medium stay and day care provision, with close integration with, and pathways into, community provision. This has been demonstrated to be effective in terms of both standards of care with improved outcomes and reduced costs.

6. Finance

Commissioning intentions were to increase investment in community provision and reduce the number of, and length of stays in high cost Tier 4 inpatient provision. If the proposal to close Northgate goes ahead it will free up resources. Commissioners plan to reinvest £650k to develop the new comprehensive community model. This is in addition to the £125k that has already been invested into the Alliance Team in Enfield. In setting the financial envelope for the new service at £775k, commissioners took account experience from elsewhere, and the impact that the Alliance Team has had in its first year of operation, for an investment of £125k.

If a specialist inpatient placement is required at another unit, then the placement will be funded by commissioners.

The development of the proposal has been overseen by a multi-agency project group made up of Local Authority and Health Commissioners, and Mental Health Trust colleagues. If the proposal is approved, this group will continue to meet monthly to oversee the implementation of the new model, monitor the impact of the changes, including on individual young people, and make adjustments where necessary.

7. Education

If a child or young person is sent out of their borough of residence for treatment, the responsibility for education remains with the borough of residence. Responsibility will also remain in part with the school the young person is on roll with. Currently young people who are patients of New Beginning and Northgate Clinics are able to attend the Northgate Pupil Referral Unit (PRU), which is on the same site and provided by London Borough of Barnet, who then bills the borough of residence for the cost through recoupment arrangements.

A recent Ofsted inspection recognised the high quality education provided by Northgate PRU, and graded it as outstanding in terms of both overall effectiveness and capacity for sustained improvement. The decision taken about the Northgate Clinic will have implications for the PRU. Thus, Barnet Council is looking into available options, in discussion with the relevant leads from the core service users i.e. Enfield and Haringey Councils. Leads from other councils who have also used the service will be kept informed of developments.

There is agreement across the leads in the core councils that we need to work together to ensure that there is a sustainable model for the education of young people with severe and complex mental health problems in the short term, and thereafter to look at medium and long term options. In terms of the proposed new community based model, in putting greater emphasis on prevention and early identification and intervention, our intention is to work closely with PRUs, special and mainstream schools and colleges, with the aim of ensuring continuity of education and maximising life chances, through personalised approaches which link mental health intervention with supported education.

Where an inpatient admission to New Beginning is needed we would be working with the young person's school primarily to offer education packages which are tailored to the young person's need. These can be delivered in association with the home/hospital tuition services that exist in each borough, or by Northgate PRU. On completion of the inpatient episode, our aim would be to ensure a supported return to school on discharge back into the community, including back into mainstream schooling.

If a young person needs an admission to an in-patient clinic other than New Beginning, then access to education will be considered when making decisions about the spot purchase arrangements. Education remains a priority for all our young people.

There are multi-agency complex needs panels in each of the three boroughs, and terms of reference will be amended to ensure that these panels have responsibility for ensuring that there is an integrated package of care, including education, in place for all young people in, or requiring a stay in, an in-patient adolescent mental health unit.

8. Transition arrangements

The Northgate Clinic is currently only closed to new referrals, and stopped accepting new referrals in January 2011, with the last patients discharged at the end of March 2011. The Clinic has not been permanently closed. If the outcome of the consultation is not to implement the new clinical model and not to close Northgate Clinic, the unit will begin accepting referrals and become fully operational once more.

We now appreciate that the decision to stop accepting new referrals to Northgate Clinic has given people the understandable impression that we were pre-empting the outcome of the consultation, this was not our intention and we apologise for any distress this may

have caused. Our first priority has been towards the patients we provide care to. In this case, a decision was taken that Northgate Clinic could not continue to admit patients for year long care and treatment with the threat that once the consultation was complete the Clinic would be closed and their care cut short. Thus, a carefully planned clinically led process was put in place to stop admission for the duration of the consultation, with existing patients moved onto other services as numbers fell below optimum levels to maintain a safe and effective service.

9. Engagement Process

In the pre consultation period, as part of the process to develop the new service delivery model, we looked at current activity and examined the evidence of best practice, as well as working with local GPs, clinicians, local authority overview and scrutiny committees, and current and ex service users on a group and one-to-one basis.

The consultation started on Tuesday 3rd May 2011, and was originally intended to close on Tuesday 26th July 2011, however on the advice of the Joint Health Overview and Scrutiny Committee it was extended to 2nd September 2011 to allow for further consultation with young people. There was a press release announcing the start of the consultation, which included information about where the consultation document could be found, and the consultation document and a letter outlining the proposals and requesting a response was sent to wide range of stakeholders, including local politicians (Councillors, MPs and MEPs), Directors of Council Adults and Children's Services, Children's Trust Chairs, Overview and Scrutiny Committee Chairs, the Chair and Secretary of Local Medical Committees, GP Consortia Leads, NHS Trust Chief Executives and the Chair of the Link in each borough.

There was concern about the low level of responses, and a further press release was issued at the beginning of July 2011, and a reminder was sent to the stakeholders included in the original cascade. The consultation was also promoted through other press and media avenues including Local Authority websites and newsletters, and local youth media.

A list of meetings, where the consultation document was presented or discussed is attached as Appendix A. In addition to presenting the proposal for response at a range of children's commissioning and partnership meetings across the three boroughs, 10 focus groups were held with young people including existing and ex-service users

Whilst acknowledging the concerns of the JHOSC, that normally August is considered a quiet month for consultation, in this instance it has proved particularly productive as young people on holiday and not attending school have had time to contribute to the consultation fully.

10. Next Steps

The Consultation finished on 2nd September 2011, and the deadline for completion of the Consultation Report is 9th September 2011, at which point it will be published on the main NHS and Council websites and will be available to the JHOSC. A final decision about the proposal will be taken by the Joint Committee of Primary Care Trusts at its meeting on 29th September 2011 and the Committee will take account of the views of the Consultation Report and the JHOSC when making its decision.

Whatever the outcome of this report, we plan to utilise the work with service users and key members of staff working within mental health services, and to further engage with our

service users and ex service users to help develop and improve local mental health services for Barnet, Enfield and Haringey.

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Appendix A

Transforming CAMHS Inpatient Services for young people in Barnet, Enfield and Haringey

Consultation Summary

Stakeholder/Stakeholder Group	Lead for consultation	Form of consultation	Date
London Borough of Enfield, Schools and Children's Service DMT	Claire Wright	Part of regular update	04/05/11
London Borough of Enfield, Schools and Children's Service DMT	Claire Wright	Substantive item on the Agenda – presentation and discussion	06/07/11
Integrated (multi-stakeholder) Planning Group: Emotional Wellbeing and Mental Health Haringey	Sarah Parker and Shaun Collins	Substantive item on the Agenda – presentation and discussion	09/05/11
London Borough of Enfield Commissioning Group	Claire Wright	Substantive item on the Agenda – presentation and discussion	17/06/11
London Borough of Enfield CAMHS Joint Commissioning Group	Claire Wright	Substantive item on the Agenda – presentation and discussion	20/06/11
London Borough of Barnet – Executive Management Group	Vivienne Stimpson	Substantive item on the Agenda – presentation and discussion	11/05/2011
London Borough of Barnet – Children's Trust	Vivienne Stimpson	Presented and noted by the Childrens Trust Board and feedback encouraged	09/062011
Enfield Youth Parliament	Claire Wright	Agreed format for young peoples consultation used	05/07/2011
Enfield Council Health and Wellbeing Overview and Scrutiny	Claire Wright	Substantive item on the Agenda – presentation and discussion	07/07/2011

Stakeholder/Stakeholder Group	Lead for consultation	Form of consultation	Date
Barnet, Enfield and Haringey -Joint Health/LA meeting	Sarah Parker	Dedicated meeting to discuss the proposals	08/07/2011
Barnet Young People's Meeting	Vivienne Stimpson	Presentation and discussion	03/07/2011
Enfield Children's Trust	Claire Wright	Substantive item on the Agenda – presentation and discussion	15/07/2011
Joint Health Overview and Scrutiny Committee	Emma Stevenson	Substantive item on the Agenda – presentation and discussion	15/07/2011
Enfield Alliance patients – Focus Group	Sam Morris and Claire Wright	Agreed format for young peoples consultation used	26/07/2011
Alliance patients – Focus Group	Sam Morris and Claire Wright	Agreed format for young peoples consultation used	28/07/2011
Northgate patients – Focus Group	Sam Morris and Emma Stevenson	Agreed format for young peoples consultation used	04/08/2011
Haringey young people in the Youth Offending Service – Focus Group	Elizabeth Stimpson and Sarah Parker	Adapted format for young peoples consultation used	24/08/2011
Haringey CAMHS Adolescent Outreach Team – Focus Group	Sarah Parker	Adapted format for young people's consultation used	25/08/2011
Haringey Opendoor (voluntary sector organisation providing CAMHS) – Focus Group	Sarah Parker	Adapted format for young people's consultation used	01/09/2011

Stakeholder/Stakeholder Group	Lead for consultation	Form of consultation	Date
with young people			
Haringey Opendoor (voluntary sector organisation providing CAMHS) – Focus Group with parents	Sarah Parker	Discussion about the proposals in the Consultation Document which they had been sent in advance.	01/09/2011
Enfield CAMHS Supporting Adolescents and Families in Enfield – Focus Group	Elizabeth Stimpson and Claire Wright	Adapted format for young people's consultation used	01/09/2011
Barnet Adolescent Service – Focus Group	Elizabeth Stimpson	Adapted format for young people's consultation used	02/09/2011
To note			
Barnet Overview and Scrutiny Committee	Vivienne Stimpson	Outcome of consultation requested as an item	20/09/2011
Haringey Overview and Scrutiny Committee	Sarah Parker	Consultation on the proposal offered as an item, but not required as being considered by the JHOSC on the 15/07/2011	June 2011
Haringey Children's Trust	Sarah Parker	Proposed item for Children's Trust on 19th July 2011, but omitted from the Agenda in error. Consultation document has been circulated to members with request for comments on the proposal.	July 2011
Clinical Commissioning Consortia in Barnet, Enfield and Haringey	Vivienne Stimpson, Claire Wright and Sarah Parker	Proposal circulated for response	August 2011