

Transforming Child and Adolescent Mental Health Services (CAMHS) In-patient Services for young people living in Barnet, Enfield & Haringey

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1. Introduction

The NHS across Barnet, Enfield and Haringey has developed proposals for transforming Child and Adolescent Mental Health Services (CAMHS) in-patient services for young people living in Barnet, Enfield & Haringey in line with national and international best practice

We want to find out what local residents think of these proposals.

In this document we will describe what mental health services are provided for children and adolescents in the three boroughs. We also present some information about CAMHS services in other London boroughs to give you an idea of what our proposals could look like in practice. We then go on to recommend what we need to do in Barnet, Enfield and Haringey to provide excellent mental health services for our younger residents.

NHS North Central London

Over the past few months, the commissioning PCTs in North Central London (Barnet, Camden, Enfield, Haringey and Islington) have come together as a single management team, NHS North Central London Cluster (NCL). This new structure will allow our PCTs the flexibility to transition to the future commissioning arrangements set out in the Government's July 2010 White Paper (Equity and Excellence: Liberating the NHS).

The vision for the NHS North Central London Cluster is to improve the health

outcomes of our population over the next five years. In particular, it will improve health by addressing health inequalities within our population, focusing on our most deprived communities.

There are also differences in the quality of service being delivered across the NHS NCL Cluster, particularly in primary care, as well as risks to the potential long-term sustainability of some of our healthcare providers.

Additionally, the cost of healthcare is rising more quickly than the amount of funding available for our residents. The workforce responsible for delivering the service needs to change to adapt to future requirements.

Our strategic plan - Quality, Innovation, Productivity, and Prevention (QIPP) – will ensure that we deliver our priorities for 2011/12, and our strong single management team is now in place to help both the rollout of the QIPP plan workstreams, and support the GP Pathfinders across North Central London.

Additionally, we must continue to improve primary care services to support the move of hospital services into the community which will improve access for patients, giving them more services closer to home and the highest quality health services; all within a viable health economy.

Maintaining our relationships with local clinicians and providers, as well as the local authority, LINKs and community and voluntary organisations, is going to be crucial over the next two years so that we do not lose the local knowledge that will be so important for the future and how we shape the local healthcare and health services.

NHS NCL is conducting this consultation across Barnet, Enfield and Haringey.

As part of the process to prepare this strategy by working with local GPs, clinicians, local authority scrutiny committees and current and ex service users, on an individual and one-to-one basis. We have spent the past few months testing these proposals in order to set them out fairly.

2. What do we mean by Children and Adolescent Mental Health services (CAMHS)?

Children and young people can be affected by a wide spectrum of mental health problems from lower level psychological problems such as phobia or bed-wetting to more severe, complex and persistent disorders, such as psychosis, chronic depression and self-harming.

Mental health problems in children are associated with educational failure, family disruption, disability, offending and anti-social behaviour. When children and young people suffer from mental health problems, it places demands on social services, schools and the youth justice system; so it is essential the NHS commissions a wide range of services to help meet the wider needs of these young people.

We currently commission and plan Child Adolescent Mental Health

Services (CAMHS) according to a four-tier service model that was developed by the national Health Advisory Service (HAS)

The four tiers are:

- Tier one: These are universal non-specific services that are provided by organisations and contractors that work closely with the NHS. For example health promotion in schools and providing GP practices with information so that they are in turn able to offer general advice and information to their patients
- Tier two: these services are provided by specialists and professionals working directly in schools, GP practices or Sure Start Children Centres
- Tier three: These are specialised multi-disciplinary services for young people with more severe, complex or persistent disorders such as chronic depression, who self harming or suffer from psychosis
- Tier four: These are essential highly specialised services designed to support people with more severe, complex or persistent disorders in specialist day centres, outpatient services and in-patient wards.

Following the National Review of Child Adolescent Mental Health Services in 2008, it was recommended that we change the way we provide these services to a more modern model incorporating universal, targeted and highly specialist services dependent on the individual needs of the patient. The changes we are proposing across Barnet, Enfield and Haringey are in line with the national CAMHS review recommendations and will impact on services that we currently provide for 12–18 year olds with complex mental health problems in need of specialist CAMH services.

3. How do we deliver these services currently?

The NHS in Barnet, Enfield and Haringey jointly commission mental health services for children and young people in partnership with the councils in Barnet, Enfield and Haringey.

The Barnet, Enfield and Haringey Mental Health Trust (BEH-MHT) currently provides the majority of services to identify and address the emotional and mental health needs of young people across all three boroughs. Services are provided in a range of settings including schools, young people's homes, GP practices, specialist CAMHS clinics and adolescent in-patient units.

Mental health services for young people are provided by specialists who work in partnership with a range of professionals including social workers, teachers and GPs. This helps to ensure that there is co-ordinated and integrated support for children, young people and their families so that they can remain at home and continue attending school, training or employment and are supported to reach their full potential.

When a young person is too unwell to make best use of community-based mental health services they may need to be admitted to an in-patient adolescent psychiatric unit or therapeutic residential home so they can get the help they need before returning home.

The NHS in Barnet, Enfield and Haringey currently commissions BEH-MHT to provide the following services for young people with 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 with an average length of stay of 42 days
 - *Northgate* a 12-bed NHS adolescent therapeutic unit with an average length of stay of nine months.

New Beginning: The NHS in Barnet, Enfield and Haringey commissions this unit exclusively for their patients. All acute referrals are admitted here unless patients do not meet the admissions criteria or the unit is full. If it is full, patients are admitted to another unit and then transferred back to this centre as soon as a bed becomes available. Patients admitted to *New Beginning* have an acute mental health need, they may be at immediate risk to themselves, and may require an emergency admission. When they are discharged they return home and continue to receive the necessary care and support from community CAMHS.

Northgate: This unit works with patients for longer periods of time than in *New Beginning* (the average length of stay is nine months) but patients go home at the weekends. The NHS in Barnet and Enfield commissions an agreed number of bed-days as set out in its contracts with BEH-MHT, while other

boroughs, including Haringey, commission bed-days as and when children and young people need them. Patients admitted to *Northgate* have complex mental health needs but admissions are planned as part of a longer term therapeutic intervention rather than an emergency admission.

Both units are located on the same site as Edgware Community Hospital, but are run as two separate units. They have separate entrances, staff, protocols and operational policies. *Northgate School* is also located on the hospital site and provides education for patients in both units.

In addition to the two in-patient units provided by BEH-MHT, it is sometime necessary to fund admissions to in-patient units provided by other NHS providers or the private sector. This is usually due to the fact that *New Beginnings* is full, the young person may not meet the admissions criteria for either of the units, or they may require residential therapeutic care (but not in a hospital) which would be jointly-funded with the local authority.¹

The total annual BEH CAMHS budget (across all 4 Tier services) is approx £17m, of that approx 35% is spent on in-patient/residential Tier 4:

- £3m on *Northgate* and *New Beginning*.
- £2.9m on other Tier 4 in-patient/residential provision

These suggest an over-dependency and high-spend on in-patient provision across the three boroughs due to the limited investment in community services and lack of alternative

¹ It cost approx £2.9m (March 2009-April 2010) to place children and young people in these out of borough placements.

community interventions commissioned.

It is also unusual to have two in-patient units with very different referral, admission and discharge protocols serving such a small demographic population. The existing model at *Northgate* is seen as outdated and not in line with current thinking; it has not developed in line with the modernisation of CAMHS nationally. The private sector has combined emergency and longer stay admissions into single units for some time. Other areas in London have already reconfigured their in-patient provision such as *Simmons House*, NHS Adolescent Unit in Islington, which has reduced average length of stay to three months and incorporated both emergency and planned admissions into a single unit with good outcomes.

4. How do these services perform?

National and international research studies have been undertaken to determine the most effective treatment model for young people with a diagnosed mental health illness. This will obviously vary according to the nature of the illness and individual circumstance and include a range of healthcare services, including community and in-patient treatment models.

National policy for CAMHS is to focus on early intervention and prevention and for the NHS, schools, councils and GPs to work together to, where possible, get young people the help they need in the community, keeping them with their families and carers and, where at all possible, out of hospital and/or other forms of institutional care.

There is limited evidence on the benefits of in-patient provision versus community provision. However conclusions from the Green and Worrall-Davies 2008 analysis are that there is now research evidence supporting the use of alternatives to inpatient care for certain groups of young people with mental health problems. The evidence suggests that treatment outcomes of several community models of care are similar to those obtained through residential treatment and may be sustained longer after follow up

Although there is no agreed and standard criteria for determining admission to CAMHS in-patient, a study carried out by the College Centre for Applied Research and the Royal College of Psychiatrists (O'Herlihy, Lelliott, Cotgrove; Andiappan and Farr 2008²) identified the two main factors as 'severe risk of harm to self' and 'physical health deteriorating due to mental illness'. With this in mind, commissioners recognise that in-patient provision is an essential part of the care pathway for some young people, but that it must be part of a seamless care pathway which includes a range of alternative interventions to becoming an in-patient.

Recent evidence has shown the importance of reconfiguring provision for the traditional 'Tier 4' cohort of young people to ensure it is multi-faceted, with multi-agency services that can include in-reach, outreach, intensive and crisis community initiatives, day provision, therapeutic

² O'Herlihy, A., Lelliott, P., Cotgrove, A., Andiappan, M., and Farr, H. (2008). The care paths of those referred but not admitted to inpatient child and adolescent mental health services. London: Royal College of Psychiatrists' Research and Training Unit.

fostering and other services that may be described as 'wrap around' (Green and Worrell-Davies 2008). These services should link more closely with traditional 'Tier 3' type provision in an improved and seamless care pathway for young people according to need.

As part of the process of gathering local evidence to inform a new service model, NHS Enfield commissioned a pilot project of enhanced adolescent community outreach called *Alliance*. The *Alliance* service is based on the models utilised by Brookside (North East London NHS Foundation Trust), Maudsley (South London and Maudsley NHS Foundation Trust) and Oxfordshire CAMHS, which provide good evidence-based models of care as alternatives to in-patient care. The *Alliance* team works alongside the current Enfield community adolescent team and the BEH-MHT in-patient units, providing intensive outreach and in-reach support to adolescents with the aim of preventing admissions and re-admissions and facilitating earlier discharge from hospital.

The cost of the pilot team is approx £138k per annum. Evaluation of the first quarter of data shows good results with significant reduction in the time young people spent in hospital. Savings of approximately £85,500 were achieved, measured by the number of days following discharge that clinicians anticipate the young person would have remained in hospital had intensive community support package not been available. The proposal is that savings should be re-invested into community services to develop even more early intervention and prevention services.

Further analysis of the *Alliance* team is underway to gather as much evidence to inform best practice.

5. What are we proposing for the future?

Taking into account the review findings to date, mental healthcare professionals and commissioners believe that action must be taken to:

- Reduce the number of referrals and length of stay at in-patient units through an improved evidence-based care pathway with:
 - Increased community capacity in the existing adolescent teams
 - New enhanced community outreach teams based on the *Alliance* model in each borough
 - A single fit-for-purpose in-patient unit which is also able to meet the needs of patients currently being admitted to expensive out-of-area units
- Ensure a standard referral criteria is developed as part of the new pathway across Barnet, Enfield and Haringey

For those who require in-patient admission we are proposing that a new 15-bed unit is developed that will be able to facilitate admission for our high-risk young people including a percentage of the higher risk cases that are currently admitted to private hospitals out-of-borough.

By reconfiguring the current in-patient provision to just one unit we will be able to re-provide resources into the community to increase capacity, skills and expertise. This model will include an intensive community outreach

team in each borough based on the *Alliance* model.

It must also be recognised that many patients who have previously been admitted to the Northgate Unit do not necessarily require a 'hospital admission' such as provided there. Those patients who cannot benefit from more intensive community based treatment may require a residential therapeutic placement which should be jointly planned with social care services, preventing dependence on a medical hospital model.

The new enhanced community teams will be able to work in a far more flexible way. They will work in partnership with a range of other children's services and provide intensive treatment to young people and their families and carers in the community, as well as providing in-reach to residential units and hospitals. This will ensure a co-ordinated approach and help prevent family break down, stability of foster care placements, support appropriate early discharge and reduce rates of re-admission.

The new service model will be implemented in a phased approach. Phase 1 would be the closure of Northgate immediately following this Consultation and staff would move into new positions in the new unit to ensure continuity of experience and expertise in working with this cohort of young people.

To make sure of continued safety and high-quality care, New Beginning will continue to operate until the new Unit is operational later in the year. This will ensure that the new enhanced community teams are fully embedded

and working effectively before changing the New Beginning unit.

The reconfigured service will provide a:

- Multi-skilled intensive outreach service that will provide crisis and home treatment, intensive community interventions and concurrent assertive 'in-reach' into in-patient provision.
- A 15-bed unit for higher risk patients who need hospital care. The team will continue to work with key children's services such as social services, schools, and other external services such as GPs that are essential for the coordinated and integrated care of vulnerable young people.
- A single point of access to mental health services for children and young people in all three boroughs.
- A single policy for referring young people who do need access to care from other CAMHS services.

Benefits to patients

The proposed service developments aim to achieve the following objectives and benefits for young people and their carers:

- Improve the 'Every Child Matters' five outcomes for young people with significant mental health difficulties,
- Specifically improve mental health outcomes for young people at risk of developing significant and/or long-term mental health difficulties
- Develop a modern service for adolescents with severe and complex mental health problems that takes account of clinical evidence and best practice
- Increase the range of options for managing young people who have suicidal behaviour and/or emerging personality disorders by

offering a range of effective clinical interventions

- Develop intensive, community-based alternatives to in-patient care (assertive outreach, community treatment and day care)
- Reduce the use of in-patient provision (number and length of time of admissions) which evidence shows is not always the best treatment for the patient
- Provide better value for money on in-patient treatment both in-house and the private sector, releasing funds for re-investment in developing further effective treatments.

The new service model will:

- Improve the skill mix of staff working with young people
- Improve access to a range of interventions
- Increase the capacity of CAMHS to provide more care in the community and at home instead of in a hospital or care home environment.
- Reduce the number of young people placed out-of-area and for those still being placed ensure they recover more quickly so that they can come back to their local environment sooner
- Improve patient safety
- Improve access to specialist education facilities
- Improve multi-agency partnership working, particularly with schools and local authority children's services.

The phased approach continues with the community aspect implemented following this consultation and the new in-patient unit operational from December 2011.

6. What will happen when?

This document sets out the proposals and issues that need to be looked into for CAMHS in Barnet, Enfield and Haringey so that healthcare services in the three boroughs meet the needs of patients and deliver better care.

We are asking members of the public, and people with an interest in this area, to comment on our proposals over the next 12 weeks. The Consultation starts on **Tuesday 3 May 2011** and ends on **Tuesday 26 July 2011**.

Once this Consultation has ended we will review all your feedback and responses. The final strategy, using the comments we receive, will then go to the NHS North Central London Board to be discussed and agreed. The Board makes all the big decisions for

the NHS North Central London Cluster which incorporates the NHS in Barnet, Camden, Enfield, Haringey and Islington.

When the final strategy is agreed by the Board we will decide the main actions that need to happen first. Some of these may need further discussion with patients and the public. We are hoping to begin developing detailed proposals and implementing them from August 2011.

This consultation booklet is also available from our websites, www.barnet.nhs.uk, www.enfield.nhs.uk, and www.haringey.nhs.uk and in hard copy on request to Claire Wright on claire.wright@enfield.nhs.uk

HAVE YOUR SAY

We want to hear from everyone who has an interest in child & adolescent mental health services – the public, service users, carers, people working in mental health and social care services, people working in other health services from community and voluntary organisations and others.

Tell us what you think about our proposed changes and whether they will achieve the service improvements we have described.

We will collate and analyse all responses submitted and produce a consultation report.

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Appendix A: Glossary

Here are brief explanations of some of the technical and clinical terms used in this consultation booklet

Acute - disorder or symptom that develops suddenly. Acute conditions may or may not be severe and they are usually, but not always, of short duration.

Assertive Outreach Teams (AOTs) - multi-disciplinary teams of community staff to support people who have long term enduring mental illnesses with their recovery. Care and support may be offered in the service user's home or some other community setting, at times suited to the service user.

Assessment - a process to identify the needs of an individual and evaluate the impact of those needs on their daily living and quality of life.

Carers - relatives or friends who voluntarily look after individuals who are sick, disabled, vulnerable or frail, on a part-time or full-time basis.

Commissioners - team of people who purchase healthcare services from providers such as the Barnet, Enfield Haringey-Mental Health Trust for the local community.

Commissioning - the process by which commissioners decide which services to purchase and from which provider.

Crisis - a mental health crisis is a sudden and intense period of severe mental distress that may require urgent help at home or admission to hospital.

Crisis Resolution and Home Treatment Teams (CRHTs) - a team of mental health professionals who assess and manage all patients who are in crisis and need urgent mental health care. All admissions to hospital are also reviewed by this team.

Foundation Trusts - NHS Foundation Trusts have been created to devolve decision-making from central government control to local organisations and communities, via local people signing up as Members and being elected as Foundation Trust Governors so they are more responsive to the needs and wishes of their local people.

GPs (General Practitioners) - family doctors who provide general health services to a local community. They are usually based in a GP surgery or practice and are often the first place patients go to with a health concern.

In-patient Services - services provided by the NHS where the patients/service users are accommodated on a ward and receive treatment there from specialist health professionals.

Mental Health - refers to a broad array of activities directly or indirectly related to the mental well-being component included in the World Health Organisation's definition of health, which is: "A state of complete physical, mental and social well-being, and not merely the absence of disease".

It is related to the promotion of well-being, the prevention of mental disorders and the treatment and rehabilitation of people affected by mental disorders.

Mental Health Act 1983 - the legislation under which individuals can be assessed and admitted to hospital compulsorily. Patients can be admitted for assessment and treatment under Section 2 of the Act for 28 days or specifically for treatment for six months under Section 3.

All assessments are undertaken by a social worker and two medical practitioners, one of whom will have special expertise in psychiatry and is

approved under Section 12(2) of the Act.

The Mental Health Act lays out a number of duties and responsibilities. Under section 17 leave arrangements, individuals in hospital can go on periods of leave if agreed by the

Outpatient Services - services for patients to be seen by professional staff on a same-day basis in a hospital or clinic.

Primary Care - services provided by family doctors (GPs), dentists, pharmacists, optometrists and ophthalmic medical practitioners together with district nurses, health visitors and practice nurses, with administrative support.

Psychiatric Intensive Care - services to support mental health service users in a very severe acute phase of illness

Psychiatrist - a medical doctor specialising in the prevention, assessment, diagnosis, treatment, and rehabilitation of mental illness.

Psychologist - a mental health professional who specialises in talking therapies such as cognitive behavioural therapy.

Responsible Medical Officer (usually the consultant). Under section 136, the police can bring an individual from a public place to a place of safety, if the Police consider it necessary, for a mental health assessment.

Service Users/Patients - people who need health and social care for their mental health problems. They may be individuals who live in their own homes, are staying in care, or are being treated in hospital.

Social Care - personal care for vulnerable people, including:

- individuals with special needs because of their age or
- physical or mental abilities and children who need care and protection.

Social Inclusion - the state whereby vulnerable or disadvantaged people are able to access all of the activities and benefits available to anyone living in the community.

Stepped Care - stepped care recovery model seeks to treat service users at the lowest appropriate service tier in the first instance, only 'stepping up' to intensive/specialist services as clinically required.

Appendix B: Equality Impact Assessment

Service Information	Service Name	Child & Adolescent Mental Health Services (CAMHS) In-patient provision		
	Provider	BEH-MHT		
	Target Client Group(s)	Children and young people in Barnet, Enfield & Haringey admitted to or at risk of admission to a medium stay in-patient unit		
	Basic Service Description	Young people with complex mental health problems including emerging personality disorder; conduct disorder and those who may have suffered trauma when they were younger and who are not responding well to community-based CAMHS provision may be admitted to Northgate Unit. This is a medium stay (average length of stay is approx nine months) five-day a week adolescent therapeutic unit for 12-18 year olds		
	Responsible Leads	Provider	BEH-MHT	
		Commissioner	NHS NCL lead (Enfield) - Emma Stevenson	
Proposed Change	In order to ensure more young people are treated in the community and supported to stay at home and continue in education, training or employment it is proposed that the Northgate unit closes and that resource re-invested into the community to develop further the current community CAMHS teams and develop a new intensive community outreach team. This will provide care closer to home with more young people remaining in the community, preventing inappropriate long admissions to hospital			

Equality Groups	Age	Disability	Ethnicity	Gender	Religion/Belief	Sexual Orientation
Impact(s) of Change	None	None	None	None	None	None
Mitigation Measures	Northgate provides a specialist in-patient service to 12-18 years olds who meet the admissions criteria.	Please see previous box	Please see previous box	See previous	See previous	See previous

	The changes will continue to provide a service to this cohort of young people but through improved community provision					
Public Engagement	A public Consultation on the closure of Northgate will take place from 3 May to 3 July 2011					
Training	Lessons learnt from the pilot team <i>Alliance</i> will be disseminated to staff in the new service. However specialist CAMHS clinicians will continue to deliver services to young people and so there will be no specific training needs other than ongoing CPD.					
Monitoring	Service changes will be monitored through the usual performance monitoring process with BEH-MHT					

Summary of Decision	It is recommended that Northgate adolescent unit is closed and resources re-invested into the community to increase capacity of the Tier 3 teams and develop new intensive outreach teams to support more young people in the community and closer to home.
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Name	Position	Signature	Date
Emma Stevenson	AD Commissioning		22.3.11

HAVE YOUR SAY

We want to hear from everyone who has an interest in child & adolescent mental health services – the public, service users, carers, people working in mental health and social care services, people working in other health services from community and voluntary organisations and others.

Tell us what you think about our proposed changes and whether they will achieve the service improvements we have described.

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QUESTIONNAIRE

Please mark appropriate answer with an X

Please tell us if you are:

Someone who uses mental health services				
A carer				
Working for the NHS				
Working for a local London Borough Council				
Representing a group or other type of organisation (Please state which)				
How many people from your group or organisation have contributed to this response	Up to 20	21-50	51-100	More than 100
None of the above				

If you are not responding on behalf of a group or organisation, please complete this section to help us ensure we have feedback from a wide range of people.

Are you:

Male	
Female	
Prefer not to say	

What is your age group?

Under 21	21-44	45-64	65 and over	Prefer not to say
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Do you consider yourself to have a disability?

Yes	No	Prefer not to say
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What is your ethnic group?

(a) WHITE:	
British	
Irish	
Other white	
(b) MIXED:	
White & Black Caribbean	
White & Black African	
White & Asian	
Other mixed	
(c) ASIAN OR ASIAN BRITISH:	
Indian	
Pakistani	
Bangladeshi	
Other Asian	

(d) BLACK OR BLACK BRITISH:	
Caribbean	
African	
Other black background	
(e) OTHER ETHNIC GROUPS:	
Chinese	
Other ethnic group	
Prefer not to say	

Please tell us what you think of the proposed service model

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