

**Overview of progress in the development of a Single Specialist Adolescent
Pathway in Barnet Enfield and Haringey**

Report for JHOSC on 3rd February 2014

1. History/Drivers for Change

- 1.1 Following the closure of the previous Northgate Clinic, following the decision taken by Barnet Enfield and Haringey CCGs (then PCTs) and a period of public consultation, the Adolescent Pathway was launched in September 2012.
- 1.2 The rationale for decommissioning the Northgate Clinic was that it was an expensive resource, delivering a service for a small number of adolescents, with a clinical model that was unclear and without a contemporary evidence base.

2. The Adolescent Pathway

- 2.1 The pathway consists of a 'mixed economy' Tier 4 (in-patient) 17 bed unit, the Beacon Centre, and borough based assertive outreach team. BEH-MHT invested £1.6 million capital to extend the existing in-patient unit (formerly the New Beginnings Unit) to extend bed provision from 12 to 17.
- 2.2 The Tier 4 component includes four High Dependency beds - one of the key drivers for service change being the placement of adolescents requiring admission to hospital to more secure settings in expensive and variable in quality private providers often far from our locality, with consequent delays in reintegration/return to the community. Following completion of the refurbishment, the new 17 bed unit was opened in June 2013 and renamed as the Beacon Centre.
- 2.3 The mixed economy in-patient provision consists of acute, treatment and high dependency provision, with intensive psychological therapy provision for individual adolescents and, where indicated, their families/carers.
- 2.4 The community component consists of borough based, multi-disciplinary teams that provide assertive outreach to adolescents with complex and often high risk mental health presentations – the ultimate aim being to support these adolescents in the community but where this is not possible to work seamlessly with the Tier 4 team to minimise the length of stay in hospital.
- 2.5 There are a range of psychological therapies – both group and individual, provided by within the Tier 4 and community teams. This includes therapeutic interventions for parents/carers as well as young people engaged with our service.
- 2.6 All parts of the pathway work closely and collaboratively with an extensive range of children and young people's services, including social care, education, Youth Offending and community programmes/organisations.

3. Current Position

- 3.1 Changes to the commissioning arrangements for Tier 4 CAMHS came into effect in April 2013 - with responsibility moving from local commissioners (CCGs) to a national arrangement led by NHS England. This means that the single pathway is commissioned from two sources, however we have managed to maintain the integrity of the pathway despite these changes.
- 3.2 However, these new commissioning arrangements are not without challenge – for example the NHS England process means that we are obligated to admit adolescents from out of area if we have capacity to do so.
- 3.3 Activity and demand for the adolescent service remains high, both in terms of increased referrals and consistently high levels of case complexity. As a new service, we are constantly evaluating what we do, and emerging themes, and at present we are collecting data on service activity to date.

4. Engagement with Service Users

- 4.1 Engagement with our service users is integral to the continued development and evaluation of the adolescent service. Weekly forums for service users are held at the Beacon Centre, where they can feed back on their experience of the service and ideas for improvement.
- 4.2 We are currently in discussions with Barnardos with view to setting up an independent advocacy service for young people that will 'in-reach' into the Beacon Centre.
- 4.3 We also use formal outcome measures (CORC) that include feedback on service users and their families' experience of the service.
- 4.4 The pathway will be subject to a full review this year and services users will be able to contribute to this process.

Shaun Collins
Assistant Director
Child and Adolescent Mental Health Services
Barnet, Enfield and Haringey Mental Health NHS Trust
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