Improving Inpatient Child and Adolescent Mental Health Services in the West Midlands

Tier 4 CAMHS A Strategy for Consultation

partnerships in mental health

NHS

Contents

Foreword

By Dr Bob Jezzard, Senior Policy Advisor for CAMHS, Department of Health

In-patient psychiatric provision for children and young people has had a chequered history with provision varying from one part of the country to another and with little consistency between in-patient units in the service provided. During the late 1980s and the 1990s bed numbers decreased but not as a result of policy guidance or in the light of clear-cut alternatives to in-patient care being developed. Appropriate changes in clinical practice and the development of new psycho-pharmacological and psychological treatments may have accounted for some reduction in need. However, concern about the shortage of provision has continued to increase and has been heightened by growing awareness of the inappropriate placement of young people within adult psychiatric settings.

The national review of child and adolescent mental health services concluded that 'There is urgent need for rational planning of in-patient care. This should be based on further research…' (1). A subsequent seminar for invited experts and stakeholders to explore the specific issues that needed to be considered in the provision of psychiatric in-patient care for children and young people informed the commissioning of a research programme. The first component of this programme, the National In-patient Child and Adolescent Psychiatry Study (NICAPS), finally reported to the Department of Health in 2001 but West Midlands had wasted no time when faced with the emerging findings during the process of the study. These showed that the West Midlands had the lowest provision of in-patient psychiatric beds for under 18s in England. This, together with rising concern from practitioners in the field about the lack of in-patient capacity led to the HAS 2000 review of in-patient care in the West Midlands and the development of this strategy, now published for consultation, to improve this sector of care.

While simple statements about the shortage of beds and the need for more beds are easy to make, the decisions about how many there should be, for what purpose, for whom and where they should be located are more difficult. Up until now strategic thinking has not characterised planning in this area of provision. The West Midlands is to be congratulated for instigating the review and for developing this strategy. It is extremely timely and sets out clearly the rationale for its proposals and avoids the unco-ordinated piecemeal approach of the past. It is an excellent piece of work, which I sincerely hope will receive support during the period of consultation.

Acknowledgements

Acknowledgments

By Chris Potter, Chief Executive, Dudley South PCT
Chairman of the Tier 4 CAMHS Steering Group

This is a consultation document and the Steering Group (whose members are listed at Annex A) would like to hear your views. The arrangements for the consultation are shown at Annex C and we have asked for responses by 30 September 2002.

We thank all who have participated in the process of the HAS 2000 review and the development of this strategy. This includes service users, their families and carers at the inpatient units, clinical and professional staff, commissioners and Social Services departments. Many thanks also to the paediatric inpatient and adult mental health inpatient units for their contribution.

We are sure that your contribution will help to raise the profile of the need to develop all CAMHS community and in-patient services throughout the West Midlands and will result in a new strategic direction and consensus for future Tier 4 CAMHS.

If you have any questions about this report, please contact the authors.

Keren Corbett
07967 395742
keren.corbett@doh.gsi.gov.uk

Michael Evans
07831 121542
evansdolphin@btinternet.com

Executive Summary

This strategy is submitted to stakeholders in the West Midlands for consultation on the future development of CAMHS Tier 4 services and to seek agreement to the underpinning vision, values and quality standards.

CAMHS is not currently considered a National Priority and there has been no new earmarked Modernisation funding since 2000/01. Although many West Midlands Health Authorities identified CAMHS as a risk area in the 2001/02 Local Modernisation Reviews (LMR), this has resulted in little new investment in 2002/03 Service and Financial Frameworks. However, CAMHS may be given a higher priority in the forthcoming Children's National Service Framework (NSF), and this report makes recommendations for inclusion in the NSF.

The strategy takes a regional view of Tier 4 services the West Midlands, but the vision is firmly based in the context of local CAMHS Strategies, recognising the essential need to develop community and inpatient CAMHS services coherently.

The HAS 2000 report concluded that the West Midlands has the lowest number of inpatient CAMHS beds in the country. The existing provision is highly centralised with 52 beds in Birmingham, and the balance of 10 in North Staffordshire. Young people are also sent to the independent sector. There is a 20% vacancy rate among CAMHS staff.

The lack of capacity has led to unacceptable pressure on the existing services, especially in Birmingham. Despite many examples of good practice, the overall quality, consistency and accessibility has suffered to the extent that urgent strategic action is needed to tackle the bed and workforce shortages

There are already planned developments in the NHS and independent sector, but insufficient to achieve national benchmark numbers, and the strategy concludes that 30 more beds are required.

The strategy considers the known needs of children and young people who do not have good access to Tier 4 CAMHS in the West Midlands. These can mainly be found among the following broad categories:

- younger children, with an impact on paediatric wards;
- the 16- 18 age range; with an impact on adult services and social services
- Those whose condition may be on the borders of mental illness.
- Those who might be receiving appropriate care, but far away from home

It proposes that a 3-5 year implementation programme should be drawn up to increase capacity and reduce the reliance on Birmingham services. This work should be undertaken in conjunction with further development of PCT strategies for community services. The broad intention would be to open one new 10 bedded unit early in the programme, with the remainder at one year/eighteen month intervals.

The capital cost of a new 10 bedded Tier 4 CAMHS unit is estimated to be between £1.3 and £1.8m (MIPS 325), although the location and circumstances of the development may well vary this sum. The operating costs of each new development are estimated to be in the range £1.2m - £1.8m per annum.

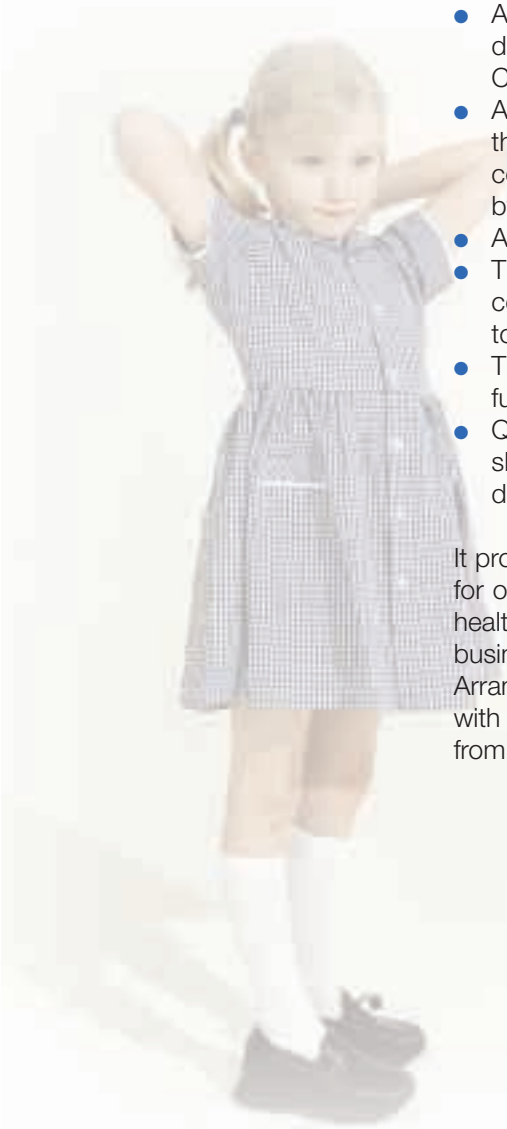
Subject to consultation, the programme should include business plans to develop generic services to meet the following priorities:

1) Two new ten bedded units in the South, one in Coventry/Warwickshire and the other in Herefordshire/Worcestershire
2) A further 10 bedded unit in South Staffordshire/Shropshire, subject to analysis of the impact of the new independent inpatient unit at Huntercombe, Stafford, on CAMHS services in the area.
3) Remodel the Birmingham services

The strategy also proposes that the programme should include :

- A comprehensive, joint agency needs assessment for children and young people which should be commissioned across the West Midlands, to inform planning at PCT, (Strategic) Health Authority and West Midlands level
- A workforce plan for CAMHS in the West Midlands which should be drawn up under the auspices of a Workforce Development Confederation
- A finance plan, which should be based on an agreement in principle by the Strategic Health Authorities and PCTs that the capital and revenue costs of Tier 4 service should be funded through a joint budget managed by the Regional Specialties Team
- A new relationship with Independent Sector, with the following actions:
- The Regional Specialties Team should develop collective and collaborative commissioning agreements with the Independent Sector, to assist decision making when a bed is required in a crisis
- The CAMHS Tier 4 Steering Group should involve existing and potential future independent providers in the planning process
- Quality Standards for Child and Adolescent in-patient services which should be implemented throughout the West Midlands, subject to the detailed consultation on the set of standards proposed in this strategy

It proposes that the Tier 4 Steering Group should be the Programme Board for overseeing the implementation of the strategy, coordinating projects for health needs assessment, workforce planning, and the development of business plans covering each of the (Strategic) Health Authority areas. Arrangements for establishing the projects should be made concurrently with the consultation, to enable implementation planning to move ahead from October 2002 if the proposals are supported.



1. Introduction

1.1 Background

CAMHS Tier 4 services in the West Midlands have long been recognised by commissioners and referrers as insufficient to meet demand and there has been a lack of strategic planning and service development. In response to these concerns, the West Midlands Regional CAMHS Lead commissioned a review of Tier 4 services which was undertaken by HAS 2000. The report was received in August 2001.

A Steering Group was established to oversee the review process and develop a strategy in response to the findings of the HAS 2000 report (2). The membership of the Group is at Annex A. The Group also commissioned a data collection exercise led by the Regional Director of Finance to assess levels of spending on CAMHS across all tiers of provision and identify independent sector activity and costs.

The Steering Group reported its major recommendations to the Strategic Oversight Group for Specialised Services in December 2001, resulting in Tier 4 CAMHS being designated as a specialist service, with regional commissioning established from April 2002. This arrangement, initially agreed for a period of 3 years, provides the basis for collaborative planning, development and procurement of Tier 4 services during a period of service development and expansion.

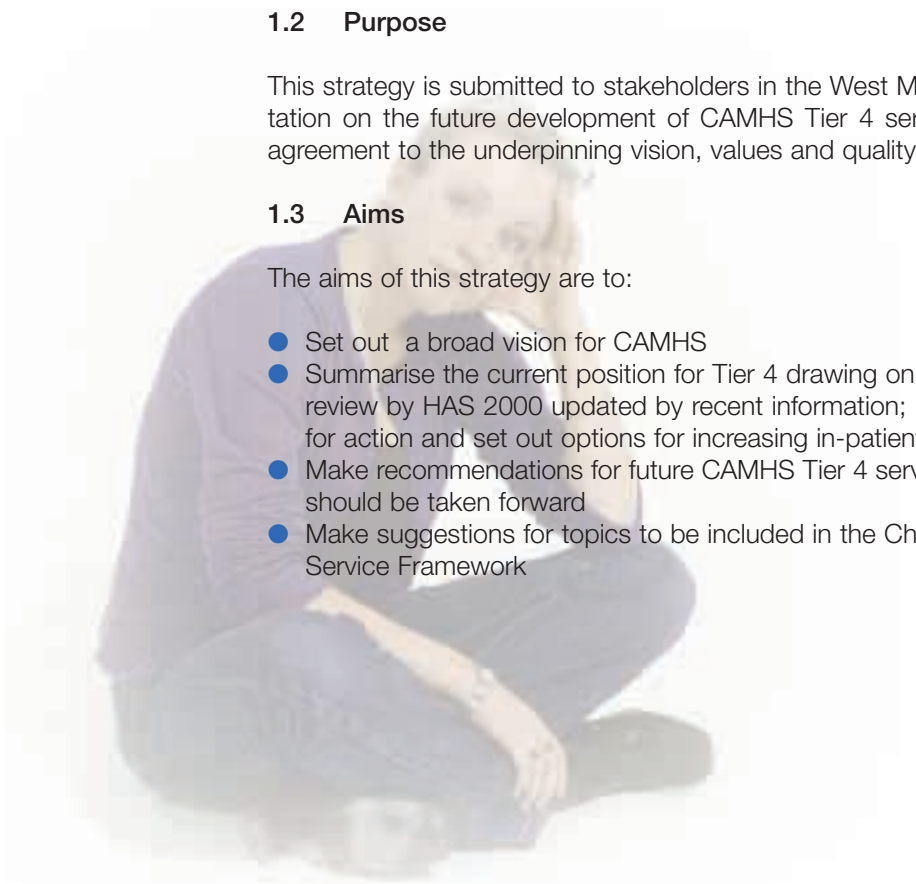
1.2 Purpose

This strategy is submitted to stakeholders in the West Midlands for consultation on the future development of CAMHS Tier 4 services and to seek agreement to the underpinning vision, values and quality standards.

1.3 Aims

The aims of this strategy are to:

- Set out a broad vision for CAMHS
- Summarise the current position for Tier 4 drawing on the independent review by HAS 2000 updated by recent information; identify key issues for action and set out options for increasing in-patient bed capacity
- Make recommendations for future CAMHS Tier 4 services and how they should be taken forward
- Make suggestions for topics to be included in the Children's' National Service Framework



1.4 Policy Context

The Strategy will build upon local CAMHS Development Strategies. These reflect the National Priorities Guidance (1999/2002) and the NHS Plan, (3,4) which set specific targets to:

- Reduce geographical inequalities in service provision by developing comprehensive services.
- Increase access to early intervention and prevention programmes
- Establish systems for 24 hour cover
- Create additional inpatient beds

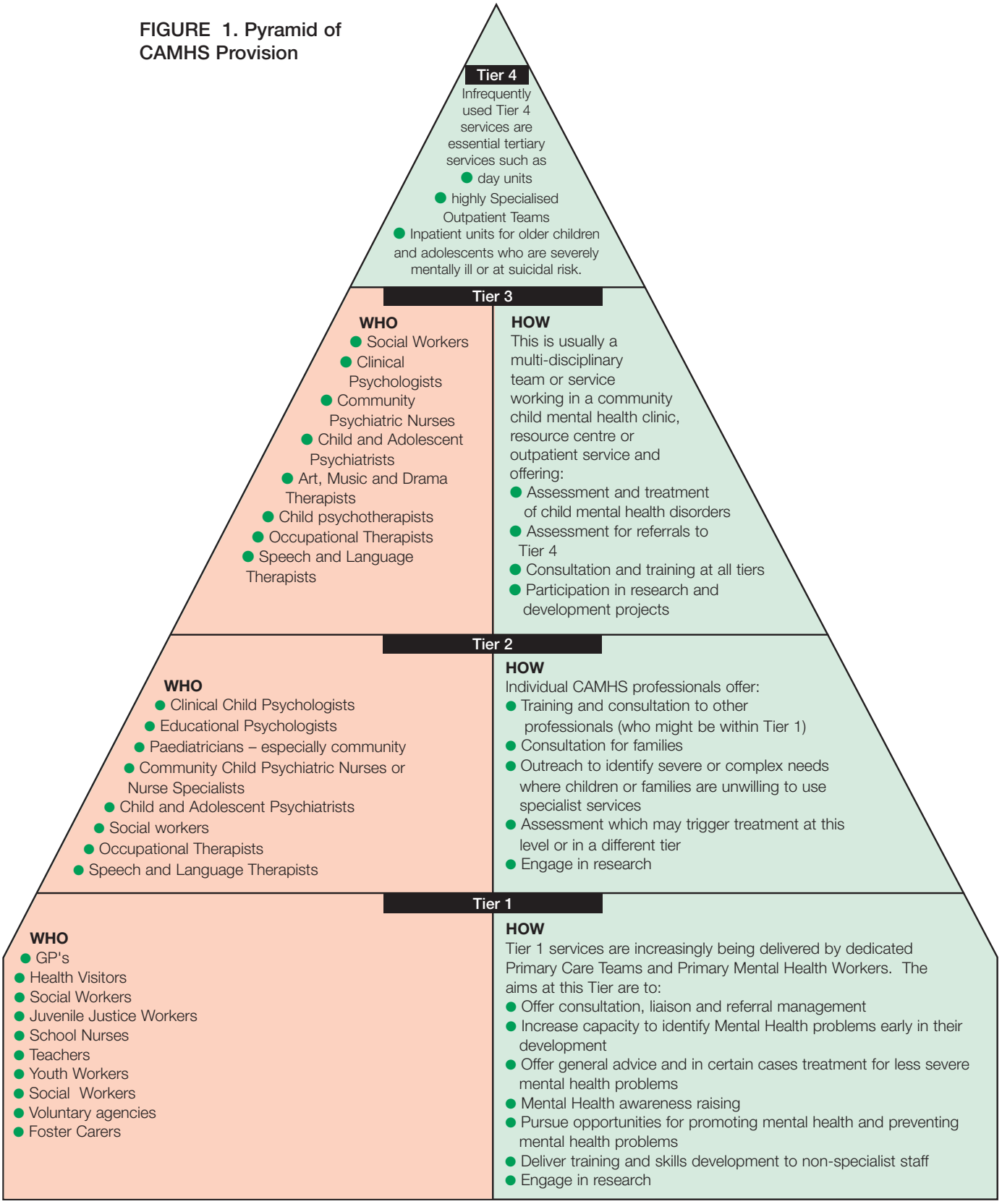
In many areas in the West Midlands, these targets have not been met, and significant further development is required before all local services can be considered comprehensive and able to provide assessment and treatment without a prolonged wait. CAMHS is not currently considered a National Priority and there has been no new earmarked Modernisation funding since 1999/2000. Although many West Midlands Health Authorities identified CAMHS as a risk area in the 2001/02 Local Modernisation Reviews (LMR), this has resulted in little new investment in 2002/03 Service and Financial Frameworks.

The Children's National Service Framework (NSF), is expected to set further targets for CAMHS. In this strategy, we have recommended that some key concerns be addressed in the forthcoming NSF. These points are "flagged" in the text. The Steering Group also asks the (Strategic) Health Authorities and Primary Care Trusts in the West Midlands to recognise the concerns in the LMRs and to give a new focus on CAMHS development in readiness for the demands of the NSF.

1.5 Scope

CAMHS need to meet a wide range of children's needs and the 4-tiered concept, as illustrated in Figure 1, describes the context in which these services should be delivered in order to meet those needs. . Tier 4, defined as highly specialised in-patient and day services should represent only a small element of overall CAMHS provision, with each Tier of provision acting as a filter for the next Tier. The model for CAMHS illustrated in Figure 1 emphasises the 'ideal' pyramid of provision, where Tier 1 services need to be able to cater for a high volume of need of relatively low complexity, and Tier 4 needs to be able to cater for a relatively low volume of need of high complexity.

FIGURE 1. Pyramid of CAMHS Provision



Source: The 4 Tier model for CAMHS was originally advocated by the Health Advisory Service (1994). This adaptation is based on the comprehensiveness of provision aspired to in current local CAMHS Strategies within the West Midlands.

Effective use of Tier 4 provision is dependent on the development of care pathways, led by local CAMHS teams. These need to be designed to ensure timely referral to Tier 4 of appropriate cases, with local involvement both in the process of admission and in care planning to facilitate the earliest possible discharge with support from local services.

The objective of this strategy is to ensure that Tier 4 CAMHS has the capacity to fulfil its role within the overall service. Therefore it focuses on in-patient services, but it recognises that Tier 4 needs to be developed in the context of both local community CAMHS development and the wider, multi-agency children's policy and service development agenda. This wider CAMHS strategy development will be the responsibility of PCTs as local commissioners.

The Strategy addresses the needs of children and adolescents up to the age of 16 and offers recommendations for service development to meet the needs of 16 to 18 year olds. It does not specifically address the needs of children and young people with a dual diagnosis of learning difficulty or substance misuse, where further work on needs assessment and service review are required.

Similarly, the Strategy does not specifically address the needs of children and young people in Social Services residential provision, or those placed by Social Services Departments within the Independent Sector. The needs of these groups should generally be met by local CAMHS at Tiers 1 to 3, and further work on multi-agency needs assessment is required for those with very complex and multiple needs.

NSF Recommendation
The Children's Services NSF should identify and promote models of local partnership working across health, social services and education for those children with complex needs who are now often placed out of area

1.6 Organisational and geographical context

The HAS 2000 Review and this strategy have been based on the traditional boundaries of the West Midlands region. Within this overall context, this strategy will consider the developments in each (Strategic) Health Authority area.

The new organisational boundaries, structures and working processes resulting from 'Shifting the Balance of Power' require new partnerships to be established to develop and deliver the strategy. The strategic direction for the Region will be the responsibility of the West Midlands Strategic Services Group, which brings together the three (Strategic) Health Authorities and Primary Care Trust representatives from the Specialised Services Consortia. The PCTs, as the commissioning and provider bodies for health, will be key partners in the consultation on this strategy, and in the development of an implementation programme. It is also very important that NHS Trusts, Social Services and Education Departments, Workforce Development Confederations and the CAMHS Learning, Education and Development Centre are involved in the planning process from the outset.

2. Vision, Values and Underpinning Quality Standards

2.1 Introduction

The vision, values and underpinning principles for CAMHS have perhaps historically received insufficient attention in service design and delivery. Services have grown organically and reactively but, in recent years, CAMHS has been given a higher profile, as a key element to the delivery of a number of policy objectives. The current situation is that expectations of CAMHS are high, but we know that many needs are unmet.

To deliver the Government's objectives of social inclusion and maximising life chances for vulnerable children, children's mental health needs to be everyone's business. Surveys such as the ONS prevalence study (1999) estimate that between 10 and 20% of children will have a diagnosable mental health problem severe enough to require CAMHS intervention (5). With this level of potential demand, CAMHS alone cannot meet the mental health needs of the child and adolescent population. As an example of the impact of the current lack of capacity, children may effectively lose two or more terms of their education whilst awaiting assessment and treatment for what may be a relatively simple problem. It is essential therefore that there is development of all Tiers of CAMHS.

This strategy, and the vision articulated in it, is geared towards the development of Tier 4 services. These need to be planned and delivered within a wider strategic context which includes the continued development of community based services as alternatives or additions to inpatient Tier 4 services. Local CAMHS strategies therefore need both to articulate the wider vision and to describe the partnership and collaborative working required to deliver the vision. All Tiers of CAMHS need to be underpinned by the value base described below.

2.2 Vision

Mental Health services for children and adolescents will provide accessible, effective and timely assessment, care and treatment according to need. Care will be provided, as far as possible, within the home, school and local community. For the few children and young people who require admission to an in-patient service, this should be as near to home as possible. Services should have the resources and capacity to take a pro-active approach to child mental health, always striving to address problems at the lowest possible tier of provision by offering a prompt response to service users, families, and other agencies concerned with children's well-being.

2.3 Values and Principles

All CAMHS should provide services which:

- Seek to promote positive child and adolescent mental health and resilience to adversity by effectively engaging the wider community in awareness raising, tackling stigma and advocating early help seeking
- Place service users and their carers, and their needs and preferences, at the centre of service provision
- Learn from the experience of service users in planning and developing services
- Are accessible and provided in a style and location acceptable to children and young people
- Recognise and respond to the diversity of the communities they serve including race, culture, religion, gender, family and social values
- Enhance the life chances of children and adolescents in need
- Support the recovery of young people with mental health problems through engagement and offering choices in treatment and care
- Collaborate effectively with other agencies and services to provide co-ordinated whole systems care
- Value, empower and support their staff within a learning culture which constantly strives for ongoing performance improvement
- Harness opportunities for research, developing the evidence base, identifying and disseminating good practice

Recommendation.
CAMHS in the West Midlands should adopt and articulate a common, shared vision and a set of values and principles

2.4 Underpinning Quality Standards for CAMHS Tier 4 Services

Drawing on the report of the HAS 2000 Review, there is a need for both new and existing CAMHS Tier 4 services to adopt a common set of quality standards. A set of proposals is shown in Table 1 for consultation before the agreed standards are introduced to underpin the implementation of this strategy.

Recommendation.
Quality Standards for Child & Adolescent in-patient services should be implemented throughout the West Midlands

Table 1
Child & Adolescent In-Patient Services
Draft Quality Standards

COMMISSIONING STANDARDS

- CAMHS Tier 4 commissioning should be underpinned by a recent written strategy developed in consultation with all relevant stakeholders and subject to ongoing review
- Each Tier 4 service should have a designated catchment area commensurate with its bed capacity
- There should be equity of access to inpatient units with regard to ethnic origin, social status, disability, and location of residence
- Tier 4 services should be commissioned within a framework of best value and evidence based models of provision

STANDARDS FOR PROVISION

Access, admission and discharge

- Assessment and treatment should be offered without unacceptable delay. In the case of extreme risk and emergencies, admission should be available within 24 hours, including out of hours
- Referrers should have easy access to Admissions policies which should include clear criteria for admission of those under and over 16 and outline alternative pathways, when these are appropriate
- Admission should be sought when community based approaches have been tried and exhausted. Aims of admission, which cannot be achieved in a community setting, should be clear.
- Operational policy requires an emphasis on in-patient treatment being only one part of a pathway of care, which requires integration with community mental health care and other community based services prior and subsequent to in-patient care
- Discharge Planning should be the vehicle which ensures that the period in inpatient care is as short as possible and is part of an integrated package of care. The place of discharge should be clarified prior to admission.
- Locality CAMHS must take responsibility for young people who are in-patients, by identifying a key-worker who will attend reviews and discharge planning meetings at the inpatient unit and engage other relevant local agencies in the process of care planning
- Each tier 4 service will provide written documentation to the referring CAMHS on the findings and agreements arising from pre-admission assessment, a report on the initial assessment review after the initial period of in-patient care, regular update reports, the notes of all discharge planning meetings and a discharge summary
- All Tier 4 services should work towards implementation of the Care Programme Approach and information systems should be available to support this

Environment and facilities

- Inpatient units should be well designed and have the necessary facilities and resources
- There should be sufficient space for educational, therapeutic and recreational purposes including outdoor space
- Child and Adolescent units should be separate from Adult units
- Privacy and dignity should be respected with single sex washing and sleeping facilities and all patients should have the option of a single bedroom
- There should be sufficient quiet areas and private rooms for visits from family and friends
- Each unit should be designed with an appropriate degree of security for the age range and type of needs served
- Every unit should have educational provision attached

Table 1
Child & Adolescent In-Patient Services
Draft Quality Standards

Intervention and care

- Service users and carers should be fully involved in the process of care and have ongoing access to relevant information upon which to base treatment decisions and choices
- Aims of admission should be informed by ongoing multi-focal and multi-disciplinary assessment and review
- There should be clear policies to address issues of consent, confidentiality, rights, safeguards and Child Protection
- Each tier 4 service should have developed evidence based protocols for the management of all conditions which cause young people to be admitted to that service
- A comprehensive range of treatments should be available, which may include: drug therapy, cognitive therapy, behavioural therapy, group therapy, family, play, creative and psychodynamic therapies, social skills training, parent training, counselling and support, dietetic advice and physio therapy
- There should be a sufficient number of nursing staff at all times to meet the safety needs of patients.
- All staff should work effectively as members of a multi-disciplinary team and each should be clear about their role and responsibilities
- All staff working on in-patient units should be trained in child protection, the Children Act 1989 and the Mental Health Act 1983. Other key training requirements include family interventions; risk assessment and management, and specific therapeutic interventions to manage a range of needs.
- Inpatient CAMHS teams should have good access to other services and clinical expertise as required, including general paediatric, adult mental health, forensic mental health, learning difficulty, neurology and substance misuse services.
- Clinicians working in CAMHS should be encouraged to meet in order to develop common priorities and service standards to ensure equity of services across the region and across community and inpatient services.
- All Tier 4 Services should have developed appropriate Clinical Governance procedures. There should be clear lines of accountability for the quality of clinical care and dedicated resources to support clinical audit.
- There should be clear policies on risk management.

Outcomes, Evaluation and Audit

- Tier 4 services require robust outcome measures of, and standards for, their interventions. These should be regularly audited through regular sessions for multi-disciplinary audit- half day every two months is suggested
- Inpatient services must ensure that lengths of stay are kept to a minimum by:
- Monitoring length of stay for all admissions
- Regular review of the effectiveness of the treatment approach through case review and clinical supervision processes
- Outcome data should be routinely collated, and measures such as HONOSCA should be implemented
- Information systems should support clinical decision making, individual case review and service audit
- Tier 4 services should aim to develop performance benchmarks by engaging in quality networks
- Tier 4 services should aim to establish partnerships with local and national research providers to develop the evidence base

3. Present Position and Future Needs for Inpatient Services

3.1. Current Position

The West Midlands has 50 NHS inpatient psychiatric beds for under 18s plus a further 12 beds in the independent sector, which are not exclusively for use by patients from the West Midlands. Details of these, and the anticipated new beds, are given in Table 2. The existing provision is highly centralised as 52 of these beds are in Birmingham, with the balance of 10 in North Staffordshire. Young people are also sent to the independent sector out of the West Midlands.

The HAS report, drawing on NICAPS (National Inpatient Child & Adolescent Psychiatric Survey 2001) data for the provision of under 18s psychiatric beds across England and Wales, concluded that the West Midlands has the lowest provision of inpatient psychiatric beds for under 18s in England with 4.2 per 100,000 under 18 population, compared with the national average provision of 7.1 per 100,000 population. Inner cities generally exceed this average, with London having the highest number, but even at these higher levels, there are still problems with access to beds for young people.

There are planned developments, which include the opening of:

- 6 additional beds in Birmingham in autumn 2002 for acute assessment
- 20 secure CAMHS beds at Kingsbury Road in September 2003, as part of the national forensic CAMHS strategy.
- A new independent sector service at Huntercombe, Stafford. This will also be a national provider.

These developments offer some relief, although the extent of the impact on West Midlands CAMHS services cannot yet be fully assessed, as discussed later.

There are not enough staff in the West Midlands to meet even present requirements with overall CAMHS vacancy rates at 20%. Insufficient numbers are being trained to meet NHS needs, yet alone for the increased demands of Kingsbury Road, Huntercombe (Stafford) and other Government initiatives such as Sure Start, Quality Protects, Connexions, and Youth Offending Teams.

The HAS report confirmed views held within the West Midlands that the lack of capacity has led to increased and unacceptable pressure on the existing services, especially in Birmingham. Although there are many examples of good practice in the service, the overall quality, consistency and accessibility has suffered to the extent that urgent strategic action is needed to tackle the bed and workforce shortages.

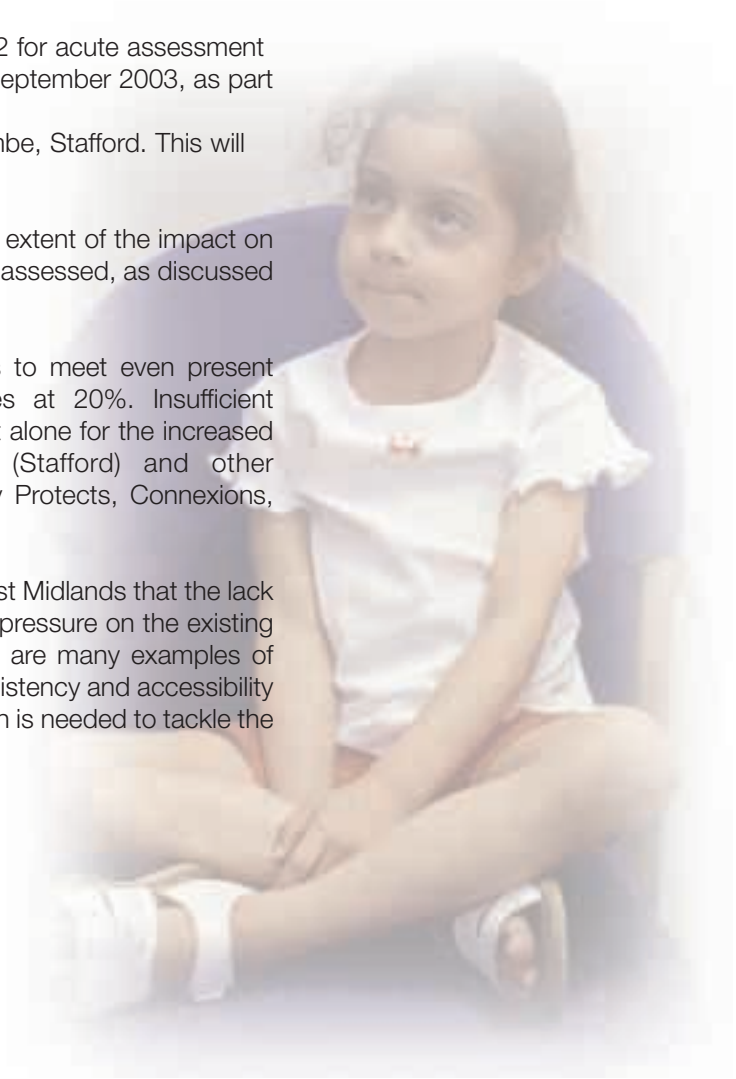


Table 2
Existing and Planned Provision of
CAMHS Inpatient Services

Provider	Location	No. of Beds (see Notes 1 & 2)	Age Range
Children's Hospital, Ward 3	Birmingham (NHS)	10	5-16
Irwin Unit	Birmingham (NHS)	18 (14 in future, with 4 transferred to new acute assessment unit)	13-16 + Yr. 11
Heathlands Unit, Parkview	Birmingham (NHS)	12	11-14
Wall Lane	N. Staffordshire (NHS)	10	12-16 + Yr. 11
Woodbourne Priory (Note 3)	Birmingham (Independent)	12	12-17
New Services			
Acute Assessment Unit Open 2002	Birmingham (NHS)	6 (Total of 10 beds in ward, with 4 transferred from Irwin Unit)	13-17
Huntercombe Open 2003	Stafford (Independent)	24 - intensive acute assessment 15 - eating disorders	13-19 13-25
Kingsbury Road Open 2003	Birmingham (NHS)	20 - Forensic CAMHS	Up to 18

Notes:
1. Disorders most commonly treated at all units.

The following list of NHS treatments is in line with national trends as reported by the Quality Network for Inpatient CAMHS:

- Severe Eating Disorder
- Severe Affective Disorder
- Severe anxiety/emotional disorder
- Severe obsessive compulsive disorder
- Psychotic disorders i.e. schizophrenic psychosis
- Other mental illness where physical, social and family variables operate to inhibit progress

2 Disorders not catered for by NHS CAMHS

NHS Inpatient CAMHS do not normally provide treatment where behavioural problems are driven by:

- Learning Disability
- Conduct Disorder
- Substance Abuse

3. The beds at Woodbourne Priory Hospital, Birmingham were initially aimed at treatment of substance misuse, served a wide catchment population, and were mostly funded by Social Services Departments or private healthcare insurance. After a period of closure they have re-opened as general CAMHS beds, increasingly serving the West Midlands population and most recent admissions have been NHS funded.

3.2 Investment in Tier 4 CAMHS

It has been difficult to determine the current financial investment in CAMHS within the West Midlands region. Many Health Authorities struggled to complete and validate a return in response to a survey of investment for 2000/2001. These returns are summarised in Table 3, but they need to be treated with caution as they are based on just one year (2000/2001). However, Tier 4 costs for this year were based on 3-year averages. The key findings of this survey indicate that:

- Average spend on CAMHS for the West Midlands is £18.21 per head of under 18 population (range £9.12 to £23.44).
- The percentage of the CAMHS funds spent on Tier 4 averages 29%, and ranges between 13% and 45% in (old) Health Authority areas.
- The greatest expenditure on CAMHS Tier 4 services is in Birmingham (£9.3 per head of under 18 population) and North Staffordshire (£7.6), compared to Herefordshire (£1.8) Worcestershire (£2.5), Warwickshire (£2.7) and Walsall (£3.0)
- Some health economies compensate for lack of Tier 4 access by a slightly higher investment in community services, including South Staffordshire (£16 per head of under 18 population), Wolverhampton (£16), Coventry (£15) and Warwickshire (£15).
- The review of Health Authority costs in 2000/01 indicated that £1.86 million had been spent on about 27 cases in the independent sector for the West Midlands, but this is considered a major underestimation.

There is some evidence that this summary does not reflect the true current cost of meeting CAMHS Tier 4 needs. The alternative use of other services resulting from the pressure on Tier 4 beds generates hidden costs. Examples of these costs include:

- Social Services Departments incur costs in placing looked after children with complex mental health needs out of area. Often agency responsibility for such children is unclear, and cost-sharing arrangements between agencies are largely ad-hoc.
- The HAS survey indicated that for the year 2000/2001 there were 1334 paediatric obds for 16/17 year olds and 2022 adult mental health obds

Table 3

SUMMARY OF CAMHS OUTTURN EXPENDITURE
WEST MIDLANDS 2000/01

CAMHS Out-turn spend 2000/2001						
	Population Est 0-18	Total Spend £'000s	Average spend per head 0-18 year olds £s	Tier 4 spend as % total spend	Tier 4 spend per head under 18 pop £s	Community spend per head under 18 pop £s
Birmingham	264,408	5,478	20.72	45%	9.3	11.42
Coventry	76,391	1,453	19.02	21%	4	15.02
Dudley	69,001	1,212	17.57	N/A	N/A	N/A
Herefordshire	37,822	345	9.12	13%	1.2	7.92
North Staffordshire	101,980	1,864	18.28	42%	7.7	10.58
Sandwell	73,601	950	12.91	38%	4.9	8.01
Shropshire	97,530	1,832	18.78	37%	6.9	11.88
Solihull	48,131	1,128	23.44	26%	6.1	17.34
South Staffordshire	129,227	2,455	19.00	14%	2.7	16.30
Walsall	60,765	732	12.05	24%	2.9	9.15
Warwickshire	110,888	2,008	18.11	17%	3.1	15.01
Wolverhampton	58,508	1,104	18.87	15%	2.8	16.07
Worcestershire	118,691	1,347	11.35	23%	2.6	8.75
Total / average	**1,246,944**	**21,908**	**17.57**	**29%**	**5.1**	**12.47**

3.3 How Many Beds are Needed?

The NICAPS figures show current provision but are not based on need. They give details for the under 18 population, whilst present services in the West Midlands concentrate mainly on under 16 year old children. Nonetheless, they are the only benchmarks currently available to support Tier 4 service planning. To reach the NICAPS average of 7.1 per 100,000 under 18 population, the West Midlands would require a total of 90 beds, calling for an increase of up to 40 beds, depending on the view taken about the independent provision, which will be discussed later. Even so there have been new services introduced throughout the country since the NICAPs figures were published, especially in the independent sector, and the West Midlands benchmark figure would increase accordingly. How great is the need?

Local CAMHS needs assessment have been undertaken by Health Authorities, but these have not addressed Tier 4 in a consistent manner, so no coherent West Midlands picture has emerged. With the dependence on Birmingham services, there has been little incentive or scope for pro-active commissioning based on local needs, and the quality of joint commissioning with stakeholders, including Social Services and Education, has been variable. Therefore service review and development has been fragmented and this has been a limiting factor in producing this report.

Recommendation
During the next stage of the CAMHS Tier 4 programme, a comprehensive, joint agency needs assessment for children and young people should be commissioned across the West Midlands, to inform planning at PCT, (Strategic) Health Authority and West Midlands level. This should address needs across all levels/tiers and should inform both the preparations for the Children's NSF and detailed planning for the remodelling of local CAMHS as well as West Midlands Tier 4 services.

3.4 Assessing Local Needs

To assess future needs, we will consider those children and young people who do not have good access to Tier 4 CAMHS in the West Midlands. These can mainly be found among the following broad categories:

- younger children, with an impact on paediatric wards;
- the 16- 18 age range; with an impact on adult services and social services
- Those whose condition may be on the borders of mental illness.
- Those who might be receiving appropriate care, but perhaps too far away from home, while others might be receiving sub-optimal care in a residential home without appropriate clinical input.

At the time of the NICAPS study, there were 600 children and young people placed inappropriately in adult mental health and paediatric wards throughout England and Wales. This is expected to be addressed in the Children's NSF.

3.4.1 Younger Children. The HAS report concluded that children under 11 very rarely require psychiatric admission, especially as this is usually inappropriate for dealing with extreme aggressive behaviour. However, the reality is that a few young children are treated as inpatients in CAMHS wards, while paediatric wards are used for both young children as well as adolescents. One CAMHS provider in the region had three children under 6 staying in the ward for between 49 and 128 days. Another survey of paediatric wards indicated that there were 63.5 inappropriate admissions of children aged between 10 and 16 years. Average length of stay was 21 days. One reason for this is the lack of CAMHS beds outside Birmingham.

The expectations of assessment and provision of care for younger children need to be very clear. In defining these expectations, consideration needs to be given to the value of intensive outreach services and to the ways in which family support can be maximised whether for in-patient or community care. Formal multi-disciplinary review of children in in-patient care should be carried out regularly, with no more than 2 weeks between each review. There is a need to monitor length of stay for **all** children and to have established guidelines for lengths of stay, implications etc. Collaborative work across CAMHS and Paediatric services is needed to set in place standards and guidance on good practice.

NSF Recommendation
CAMHS and Paediatric Services should collaborate to develop good practice models for children under 11, which include guidance on length of stay and most appropriate care environment

3.4.2 16-18 Year Olds - Bridging the Gap. Young people in this age group have widely differing levels of maturity and require flexible, sensitive care that is underpinned both by clear agreements on where lead responsibility lies, and by effective models of collaborative working between adult and children's services. Although NICAPS considered Tier 4 bed provision for all children & young people under 18, existing mental health policy has set no fixed requirement for which service should take responsibility for the care of 16-18 year olds but expects local arrangements to be agreed between services (6). We believe there would be advantages in having national guidelines that address the provision of appropriate care for this age group, to reduce variations in care.. The Steering Group has nonetheless considered the development of West Midlands guidelines.

As things stand, Tier 4 CAMHS in the West Midlands can now only offer a limited service to 16 and 17 year olds in full time education (see Table 2). Until there are more Tier 4 beds, all 18 year olds, those16 and 17 year olds not in full time education and others who cannot be referred because of the lack of capacity will face the following alternatives:

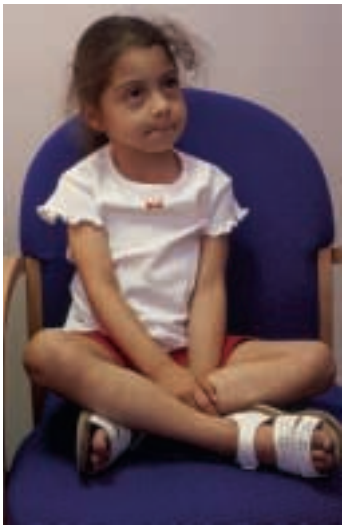
- Some will be cared for in the community by Tier 3 services
- Some will be referred to adult wards. A survey of adult mental health wards indicated that there are estimated 63.2 inappropriate admissions per year of 15-17 year olds. Length of stay averaged 32 days (range 1 to 355 days).
- And still more will fall through the healthcare net. This might mean no care at all, or non-health placements such as residential care organised by social services, education services, or admission to a young offender's institute.

Recommendation
Once there are more beds, Tier 4 services should be authorised to operate a more flexible policy and offer a service to all 16 - 18 year olds (and, exceptionally, over 18's) where individual assessment indicates that Tier 4 CAMHS care is most appropriate. This policy should also apply to community Tier 3 CAMHS.

Before this policy is introduced, we need to improve the existing arrangements. Consideration should be given by each locality CAMHS to establishing a liaison and transition service, which would work between adult and children's services. Such a service could advise on the needs of people within, and on the margins of, this age group, on the most suitable programmes of care and the most appropriate care environment, and support effective risk assessment for a group who commonly fall through the net. For the small number of young people with psychosis, the introduction by March 2004 of Early Intervention Teams for young people will help deliver this type of support, but such teams will in the short-term be unable to offer a service to young people with disorders other than psychosis.

Recommendation
We propose that it would be good practice for all local CAMHS in collaboration with Adult Mental Health Services to introduce a Liaison and Transition Service to ensure that young people in this age range obtain the most appropriate packages of care.

NSF Flag Recommendation
We propose that the National Service Framework for Children's Services should address the inadequate arrangements for managing the care of young people aged 16-18 years



3.4.3 Those whose condition may be on the borders of mental illness. There are a number of circumstances for which suitable inpatient Tier 4 services are not always available. These include:

- Cases where an individual's behaviour poses a serious risk of harm but the driver for the behaviour is unlikely to be mental illness.
- Individuals with a learning difficulty or developmental disorder who exhibit dangerous behaviours. This often results in time wasting debates whether the Mental Health Act or the Children Act is the most appropriate legal framework for containment.
- Cases where drugs or alcohol is a main factor.

These are often borderline cases and the patient could be treated by either CAMHS inpatient services or elsewhere, for example, in a residential establishment commissioned by Social Services. In many cases, the decision on the best treatment and care should be taken after inpatient psychiatric or psychological monitoring and assessment, but there is not now the Tier 4 CAMHS capacity or flexibility to do this consistently.

3.4.4 The Independent Sector – Outside the West Midlands. Commissioners and local providers believe that there should be less dependence on independent beds outside the West Midlands. Family connections and whole systems management are more difficult to sustain and the current practice of 'spot purchasing' presents a significant financial risk to PCTs. Duration and incidence of such admissions can be highly variable and it is not uncommon for a single admission to incur a cost of £150,000. Independent beds are too often commissioned reactively to meet a crisis, with little reassurance about quality or cost effectiveness. These services should, if possible, be available locally except to meet specialist needs or in circumstances that require more distant provision, and the money saved could be used to develop local NHS beds. This thesis has been difficult to prove especially the costs.

Recommendation
The Regional Specialties Team should develop collective and collaborative commissioning arrangements with the Independent Sector, to assist decision making when a bed is required in a crisis.

Recommendation
The proposed joint agency needs assessment should include a prospective audit of CAMHS Tier 4 cases in the independent sector.

3.5 Assessing Future Capacity in the West Midlands

The recent developments in the West Midlands, in the independent sector and the NHS, will help to increase capacity, although, as the following paragraphs will show, the full impact is difficult to assess.

3.5.1 Intensive Community Outreach Tier 4 Services. Is there an alternative to more beds? There are two Tier 4 pilot projects being run in Shropshire and South Warwickshire. Both are comparatively small and at an early stage of development, but local evaluation is underway. Early outcomes and findings from these projects are given in Annex B.

Both have real value. The Warwickshire pilot appears to be a very similar approach to Intermediate care, or the "Home Treatment" model required by the Adult Mental Health NSF, and there is evidence from Adult Mental Health Services of the effectiveness of this type of service. It provides valuable support for inpatient services and can prevent some admissions, but there is no case at present that it can significantly reduce the need for inpatient beds. The recent experience in Birmingham, where Adult Home Treatment Teams have extended their acceptance down to age 16, has shown the need for an appropriate admission facility to support Home Treatment.

The Shropshire project was initiated as a Tier 4 pilot, but might be re-defined as a Tier 2/3 service targeted at young people in the highest Tiers of provision of other agencies. Most of these young people may never have accessed a CAMHS Tier 4 inpatient service, but their problems and behaviours if not effectively addressed are likely to result in future entry into Adult Mental Health and Criminal Justice systems. There is, however, no evidence to suggest that these services will have any impact on the need for increased CAMHS Tier 4 inpatient capacity.

3.5.2 The Independent Sector –Within the West Midlands. The NICAPs national figures included nine beds at Woodbourne Priory in Birmingham although, at the time, these were not being used solely by West Midlands commissioners. The position is, however, changing with the new focus on general CAMHS at Woodbourne Priory in Birmingham and with the expected opening of Huntercombe, Stafford, offering a range of services which includes adults. Both are national providers and it is not yet possible to calculate the extent to which they will affect future CAMHS commissioning in West Midlands. Their influence on future service planning needs to be calculated during the next stage of this Tier 4 programme

Recommendation
The West Midlands CAMHS Tier 4 Steering Group should involve existing and potential future independent providers in the planning process

3.5.3 Forensic CAMHS. The HAS Report recommended that, in the 40 additional beds for the West Midlands, there should be six specialist forensic beds. Although the 20 Forensic CAMHS beds at Kingsbury Road, Birmingham will form part of the national resource in line with the Forensic CAMHS strategy, we believe it is safe to assume that this will meet West Midlands forensic requirements. The national Specialist Commissioning Group is now developing detailed criteria for the use of forensic beds, and local care pathways will need to be produced under the auspices of the West Midlands CAMHS Tier 4 Steering Group.

3.5.4 Summary. Taking the NICAPS figure of 40 new beds as a benchmark, the present developments appear to affect the figure in the following way:

Table 4 Present Developments

Service	Type	No of Beds	Effect on NICAPS
Birmingham	NHS CAMHS	6	6
Kingsbury Road	NHS Forensic CAMHS	20	Approx 6 (see above)
Huntercombe	Independent Intensive Care CAMHS Young Adult Eating Disorders	24 beds age range 13-19 15 beds age range 13-25	Not known
Woodbourne Priory	Independent General CAMHS	12	Not known
Total			12 plus

Recommendation
The immediate requirement for new in-patient CAMHS beds could be reduced to 30 against the NICAPS benchmark.

4. Developing Improved CAMHS Tier 4 Provision

4.1 Introduction

Our vision for future CAMHS Tier 4 is to introduce a more comprehensive service that provides care to young people as near to their homes as possible, while ensuring that the quality and speed of their recovery is supported by access to specialist expertise where appropriate. Tier 4 services are an integral part of overall CAMHS delivery and depend upon good relationships with successful community services. Investment should ideally be made simultaneously in both services, so it is important that PCTs continue to refine the local CAMHS strategies, to reflect the work that is being undertaken at a regional level.

In this section we will address a number key issues; options for the type and location of new services, the workforce, finance and choices for the action that could be taken,

4.2 Options for the Type of Service.

The HAS 2000 report proposed two main options for the type of future services, either generic or specialist. The existing services are largely generic, with each in-patient unit caring for young people of varying ages and with a range of disorders (See Table 2). An alternative approach would be to provide a range of specialist services, such as eating disorders, affective disorders and psychosis. There is currently little robust evidence advocating the specialist approach. The HAS report summarised the relative merits of the two approaches as follows:

Table 5 HAS Summary of Generic / Specialist Merits

	Generic	Specialist
Advantages	● Accessibility for local populations ● Establishing good relations with community staff, paediatric services & commissioning authorities	● High level of expertise that would be available to treat specific disorders ● Similarity of care needs for patients, promoting better quality care and attention
Drawbacks	● Difficulty in catering for the very different needs and how this might affect staffing requirements, bed occupancy levels, care provision, safety and rate & quality of recovery.	● Young people with certain disorders, such as self harm, often worsen when living with others who have a similar disorder ● Young people with problems not covered by specialist provision may not have access to appropriate inpatient care.

Recommendation
The Steering Group considered that the priority is to increase capacity with an emphasis on locality services, so the specialist approach should not be pursued. New, and existing, services will need to demonstrate how they will address some of the shortfalls of generic services identified in the HAS report. Arrangements for specialist support should be considered and commissioned as part of the next phase of the planning programme.

4.3 Options for the Location of New Services.

The HAS 2000 Report confirmed that the concentration of Tier 4 CAMHS in Birmingham has made communications with local Tier 3 CAMHS more difficult and has limited access for some communities. It is important to reduce the pressure on the Birmingham services as soon as possible. The Steering Group proposes that, in principle, future provision should reflect a better balance between the three Strategic Health Authority areas. The steering group has not undertaken any detailed examination of potential sites, which must be undertaken in the next stage of this programme. The criteria for selecting sites should include the following:

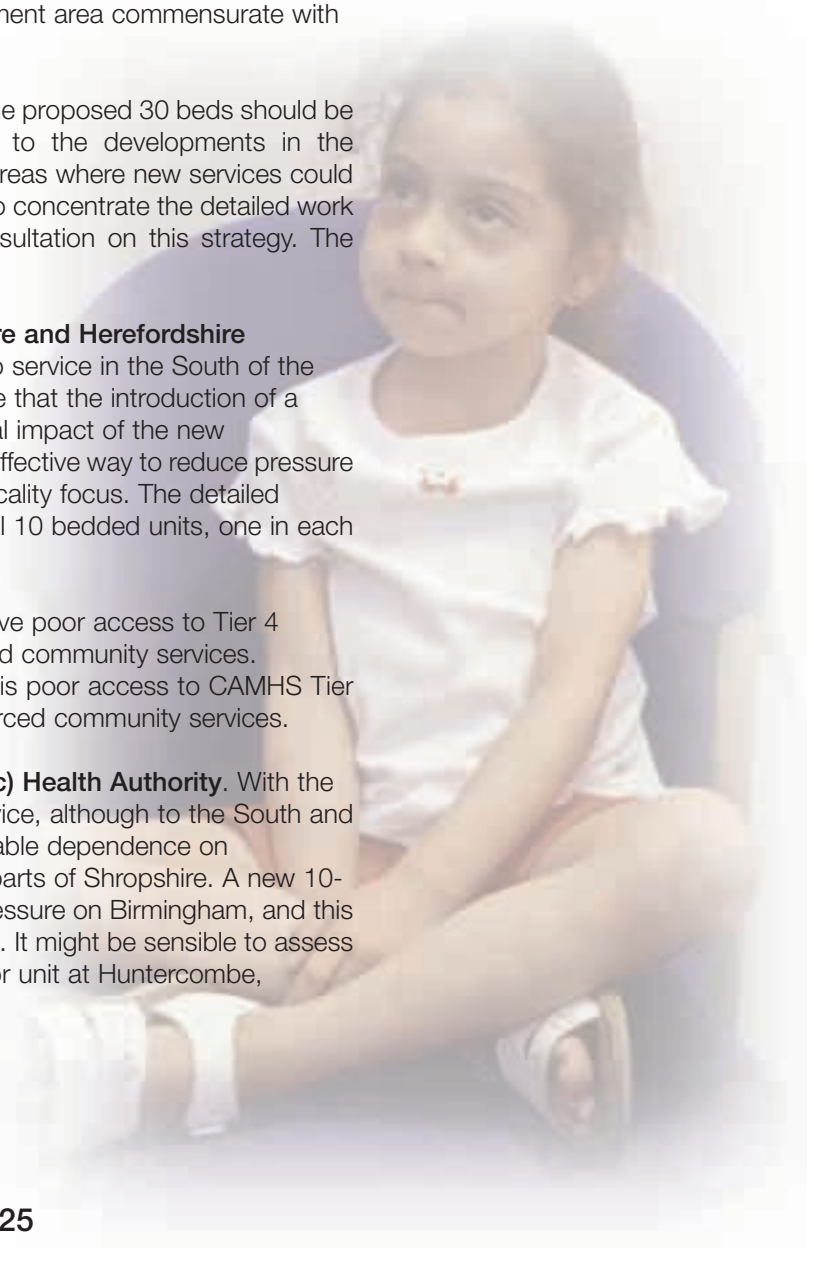
- Additional beds should be located where there is a proven capacity, or potential, for development, demonstrated by good community CAMHS provision and a sufficient critical mass of clinical expertise.
- Early developments should be located in areas where capital solutions are readily available
- New units should have a minimum of 10 beds for clinical and economic viability
- Each Tier 4 service should have a catchment area commensurate with its bed capacity

The Steering Group has considered where the proposed 30 beds should be introduced, in a manner that is sensitive to the developments in the independent sector. There are four general areas where new services could be introduced, and the decisions on where to concentrate the detailed work would depend on the outcome of the consultation on this strategy. The options to be considered are:

- **Coventry, Warwickshire, Worcestershire and Herefordshire (Strategic) Health Authority**. There is no service in the South of the West Midlands and initial findings indicate that the introduction of a service there, combined with the potential impact of the new independent sector providers, will be an effective way to reduce pressure on Birmingham and introduce a better locality focus. The detailed investigation could focus on two potential 10 bedded units, one in each of the following general areas:

  - Coventry and Warwickshire, which have poor access to Tier 4 CAMHS, but relatively well established community services.
  - Hereford and Worcester, where there is poor access to CAMHS Tier 4 Services, and relatively under-resourced community services.

- **Staffordshire and Shropshire (Strategic) Health Authority**. With the Wall Lane Unit, this area has a good service, although to the South and West of the StHA area, there is considerable dependence on Birmingham; in South Staffordshire and parts of Shropshire. A new 10-bedded unit in this area would reduce pressure on Birmingham, and this option should be examined in more detail. It might be sensible to assess the impact of the new independent sector unit at Huntercombe, Cannock before making any decision.



- **Birmingham and Black Country (Strategic) Health Authority**. Although Birmingham and Sandwell have good access to Tier 4 services, the Black Country health economies do not. There has been some work undertaken in the Black Country to plan for a new 10 bedded unit there, but the Steering Committee believes that this should not be pursued until the impact of any developments in the other Strategic Health Authority areas have been assessed. It is considered that the first priority should be to remodel the Birmingham services, based on a new BBC (Strategic) HA strategy, to meet the needs of its local population as its primary customer base, plus out of area referrals. This should improve access for patients from the Black Country.

4.4 Workforce

To estimate the likely workforce numbers for three 10 bedded units, we have drawn upon a survey by the Quality Network for Inpatient CAMHS of 16 adolescent units in south east England, tempered by local experience, especially Wall Lane. Table 4 shows an example of a possible establishment for a 10 bedded CAMHS Tier 4 Unit. The exact composition will depend upon the dependency of the patients and must be the calculated for each new unit.

Table 6

ILLUSTRATIVE STAFFING NUMBERS FOR A 10 BEDDED CAMHS TIER 4 UNIT

	Each 10 bedded unit	Regional Total
Consultants	1	3
Clinical Psychologists	1	3
Social Workers	0.5	1.5
Occupational therapists Family therapists Speech and language therapists Dieticians	Up to 0.5 of each	Variable
Registered Mental Nurses	13 (Range 12 - 16)	36 - 48
Unqualified Nurses	7 (Range 6 - 9)	18 - 27
Teachers (one to 4 students)	2.5	7.5

There are too few staff available to fulfil the requirements of current service provision, with vacancy rates of around 20%. Present recruitment and training arrangements are insufficient to meet the future needs, which will include not only generic NHS CAMHS, but also a wide range of additional services that need CAMHS trained professionals. These include Government policy initiatives such as Sure Start Programmes and Youth Offending Teams, the forensic CAMHS unit and the independent sector. There is a significant challenge to:

- improve recruitment and retention
- improve the quality, quantity and accessibility of training
- and to explore and implement new roles which fulfil the needs of children and families, but which are not founded on the attainment of the main professional qualifications

In response to the known workforce challenges, the CAMHS Learning, Education and Development Centre (LED), based at University College, Worcester, has been established to provide capacity in developing the range, scope and accessibility of training for CAMHS and other child health and care professionals. The LED will also have a key role in developing the research and development capacity required to underpin local CAMHS development within the West Midlands.

Recommendation
A workforce plan for CAMHS in the West Midlands should be drawn up under the auspices of a Workforce Development Confederation, concurrently with the business plan for new services. This should also involve the CAMHS LED, the Regional Forum for Workforce Development in mental health (FRED) and the Regional Mental Health Development Centre, part of the National Institute for Mental Health in England.

The national Workforce Action Team (WAT) for adult mental health services has been a key driver in developing the detailed workforce plans required to deliver on the adult mental health NSF (7). Some of its work on core capabilities and non-professionally affiliated workers could usefully be assimilated into the CAMHS workforce development programme. The WAT was established after the NSF was published.

NSF Recommendation
The Childrens' NSF should consider the establishment of a CAMHS Workforce Action Team at the earliest possible stage, to ensure an early focus on workforce development implications

4.5 Finance

The capital cost of a new 10 bedded Tier 4 CAMHS unit is estimated to be between £1.3 and £1.8m (MIPS 325), although the location and circumstances of the development may well vary this sum. The operating costs of the new development are estimated to be in the range £1.2m - £1.8m per annum.

There is such an inter-relationship between the CAMHS Tier 4 services within the West Midlands services that costs of any new development have an impact on several health economies. Moreover, the creation of additional independent sector and NHS capacity will affect costs in paediatric, adult mental health and social services. Future developments should therefore be undertaken as a joint West Midlands programme.

Recommendation
The Strategic Health Authorities and PCTs should agree in principle that the capital and revenue costs of Tier 4 services should be funded through a joint budget managed by the Regional Specialties Team

4.6 Options for Action

The (St) HAs and PCTs in the West Midlands may wish to consider three main options for action:

1. Do Minimum. Do not invest in any new NHS Tier 4 inpatient services. Invest in CAMHS community services and in the Independent sector for new bed provision, plus further advances in intensive community outreach Tier 4 services. Improve commissioning of independent sector and existing NHS capacity to focus on quality.

- **Advantages.** It is important, perhaps more important, to invest in the community services rather than beds. PCTs will benefit from local investment.

- **Disadvantages**. An increase in community capacity will address a great deal of unmet need, but there will be a concomitant increase in need for inpatient services. The present lack of capacity will be made worse, defeating attempts to improve quality. It is unlikely that existing targets will be met, and an unbalanced approach will impede implementation of the Children's NSF.

2. Do Maximum. Implement a £4 m to £5.6m capital programme for inpatient CAMHS, with revenue increases of a similar order, as high priority. Defer improvements in community services.

- **Advantages**. The West Midlands would rapidly reach the national benchmark for inpatient CAMHS services, and make important improvements in quality, equity and access

- **Disadvantages**. The investment in inpatient CAMHS of some £250,000 per annum for the larger PCTs is probably unrealistic in a single SAFF year (or even 2), in the light of other national and local priorities and, especially, the need to invest simultaneously in community services.

3. The Balanced Scorecard. Develop a 3-5 year implementation programme, the rate of progress depending upon national and local priorities for CAMHS. After a period of consultation, draw up a realistic implementation strategy for CAMHS Tier 4 in conjunction with further development of PCT strategies for community services. Aim to open one new unit early in the programme, with the remainder at one-year/eighteen month intervals. Ensure local community services are developed in advance of the associated new Tier 4 unit.

- **Advantages**. Services would be developed coherently and the service might achieve overall CAMHS targets more rapidly. The financial burden would be more evenly distributed, in a flexible approach that should be able to respond to changes in national funding priorities. The longer lead time and balanced programme gives a better chance that the workforce will be available.

- **Disadvantages**. Success will depend upon the stage at which pressure on Birmingham services can be relieved to the extent that enables all West Midlands Services to benefit. There is a risk that the present inadequacies could get worse before they get better. This will need careful programme direction and management.

Recommendation
The Steering Group recommends the third option, a balanced 3-5 year implementation programme closely linked to community CAMHS development.

5. Summary of Recommendations

It is recommended that the West Midlands Strategic Services Group should authorise the CAMHS Tier 4 Steering Group to consult with Stakeholders on the following set of proposals. The arrangements for the consultation from 1 July to 30 September 2002 are shown at Annex B.

The CAMHS Tier 4 Steering Group should develop a 3-5 year implementation programme, the rate of progress depending upon national and local priorities for CAMHS. This should be drawn up in conjunction with further development of PCT strategies for community services. The broad intention would be to open one new unit early in the programme, with the remainder at one-year/eighteen month intervals. It should ensure that local community services are developed in advance of the associated new Tier 4 unit.

The programme should include business plans to develop generic services to meet the following priorities:

1) Two new ten bedded units in the South, one in Coventry/ Warwickshire and the other in Herefordshire/Worcestershire
2) A further 10 bedded unit in South Staffordshire/Shropshire, subject to analysis of the impact of the new independent inpatient unit at Huntercombe, Stafford, on CAMHS services in the area.
3) Remodel the Birmingham services based on a new BBC (Strategic) HA strategy, to meet the needs of its local population as its primary customer base, plus out of area referrals.

A comprehensive, joint agency needs assessment for children and young people should be commissioned across the West Midlands, to inform planning at PCT, (Strategic) Health Authority and West Midlands level. This should address needs across all levels/tiers and should inform both the preparations for the Children's NSF and detailed planning for the remodelling of local CAMHS as well as West Midlands Tier 4 services. It should include a prospective audit of CAMHS Tier 4 cases in the independent sector.

A workforce plan for CAMHS in the West Midlands should be drawn up under the auspices of a Workforce Development Confederation, concurrently with the business plan for new services. This should also involve the CAMHS LED, the Regional Forum for Workforce Development in mental health (FRED) and the Regional Mental Health Development Centre, part of the National Institute for Mental Health in England.

The finance plan should be based on an agreement in principle by the Strategic Health Authorities and PCTs that the capital and revenue costs of Tier 4 services should be funded through a joint budget managed by the Regional Specialties Team

Relationships with the Independent Sector need to be developed further, with the following actions:

- The Regional Specialties Team should develop collective and collaborative commissioning agreements with the Independent Sector, to assist decision making when a bed is required in a crisis
- The CAMHS Tier 4 Steering Group should involve existing and potential future independent providers in the planning process

CAMHS in the West Midlands should adopt and articulate a common, shared vision and a set of values and principles. Quality Standards for Child & Adolescent in-patient services should be implemented throughout the region, subject to the detailed consultation on the set of standards proposed in this strategy.

Policies should be developed by the CAMHS Tier 4 Steering Group to develop consistent good practice, including :

- Once there are more beds, Tier 4 services should be authorised to operate a more flexible policy and offer a service to all 16-18 year olds (and, exceptionally, over 18s) where individual assessment indicates that Tier 4 CAMHS care is most appropriate. This policy should also apply to community Tier 3 CAMHS
- It would be good practice for all local CAMHS in collaboration with Adult Services to introduce a Liaison and Transition Service, to ensure that young people in this age range obtain the most appropriate packages of care.

Recommendations should be made to the Children's National Service Framework that it should

- Identify and promote models of local partnership working across health, social services and education for those children with complex needs who are now often placed out of area
- Consider the establishment of a CAMHS Workforce Action Team at the earliest possible stage, to ensure an early focus on workforce development implications
- Encourage CAMHS and Paediatric Services to collaborate to develop good practice models for children under 11 which include guidance on length of stay and most appropriate care environment
- Address the inadequate arrangements for managing the care of young people aged 16-18 years

The Tier 4 Steering Group should be the Programme Board for the continued development of CAMHS Tier 4, based on the Prince 2 approach, coordinating projects for health needs assessment, workforce planning, and the development of business plans covering each of the (Strategic) Health Authority areas. Arrangements for establishing the projects should be made concurrently with the consultation, to enable implementation planning to move ahead if the proposals are supported.

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9. Annex A

Membership of Steering Group:		
Michael Evans OBE *Chair until 01.04.02	Chief Executive	Walsall HA
Chris Potter *Chair from 01.04.02	Chief Executive	Dudley South PCT
Mike Baker	Strategic Commissioning Manager	Dudley South PCT
Chris Bown	Executive Director	Birmingham Children's Hospital NHS Trust
Dr Patrick Clare	Consultant Child and Adolescent Psychiatrist	Wall Lane House, North Staffordshire Combined Healthcare NHS Trust
Sheila Crosby	Strategy and Planning Manager	Newcastle PCT
Keren Corbett	Regional CAMHS Lead	West Midlands Mental Health Development Team
Rupert Davies	Assistant Director of Finance	For Directorate of Health & Social Care
Mary-Ann Doyle	Commissioning Manager	West Midlands Specialised Services Agency
Phil Green	Inspector	Social Services Inspectorate
Steve Jones	Director of Development & Partnerships	South Staffordshire Healthcare NHS Trust
Vernon Jones	Manager - Estates Dept	Directorate of Health & Social Care
Richard Kirby	Head of Performance	Birmingham & Black Country HA
Dr David Rothery	Consultant Child and Adolescent Psychiatrist	Parkview Clinic, Birmingham Children's Hospital NHS Trust
Su Roxburgh	Area Manager, CAMHS Lead	Dudley Social Services
Erica Smiter	Mental Health Lead	South Worcestershire PCT

Annex B

Intensive Tier 4 Community Outreach Services

The two Tier 4 pilot projects being run in Shropshire and South Warwickshire were funded from Tier 4 Modernisation Funding slippage with the aim of increasing capacity to develop community based alternatives to in-patient care. Both are comparatively small and at an early stage of development, but local evaluation is underway. Early outcomes and findings from these projects are as follows:

South Warwickshire Tier 4 Outreach Service

This 2-year project aims to provide an intensive outreach service for young people and their families and carers who would otherwise have required in-patient treatment. In a small number of cases, the service was provided to families where admission had been offered and declined, and in other cases, care was shared with the local in-patient Paediatric unit. Setting up the service involved dedicating CPN and Consultant sessions to Intensive Outreach work and creating the capacity and flexibility to work out-of-hours. The service was built upon existing good links with local Paediatric, Adult Mental Health and Adult Eating Disorder Services.

Objectives

- Prevention of admission by offering intensive community and home based support both at first episodes and during relapses
- Where hospitalisation is inevitable, to provide intensive support whilst awaiting admission, to enable a smooth transition on admission and discharge and to remain closely involved throughout admission to facilitate the earliest possible discharge

Outcomes and findings

- In the first 12 months the service has cared for 14 adolescents aged 13-17
- Presenting disorders were mostly Eating disorders and Psychosis
- Users, carers and Tier 4 inpatient staff have provided positive feedback on the value of the service received
- Being able to sustain a young person's social and educational network has been described as aiding recovery
- Whilst it has been recognised locally that such a service may be cost effective in reducing demand for inpatient services, this may be at the cost of Tier 2/3 services. When clinicians work across different Tiers in this way, Tier 4 work may assume priority due to the levels of presenting distress and risk

This appears to be a very similar approach to Intermediate care, or the "Home Treatment" model required by the Adult Mental Health National Service Framework, and there is evidence from Adult Mental Health Services of the effectiveness of this type of service. It provides valuable support for inpatient services and can prevent some admissions, but there is no case at present that it can significantly reduce the need for inpatient beds. The recent experience in Birmingham, where Adult Home Treatment Teams have extended their acceptance down to age 16, has been recognition of the necessity for an appropriate admission facility to support Home Treatment as an option. In the short term, this has been managed by agreement with commissioners that where Home Treatment is no longer viable, because of lack of clinical response or risk issues, admission to Woodbourne Priory would be funded (8).

Shropshire C.A.S.T- Consultation and Support Team

This project aims to provide a dedicated Consultation and Support Team to join with workers from other agencies in supporting young people with complex Tier 4 needs including those in the looked after system (LAC). The service covers the PCTs and County Councils in the Shropshire and Telford and Wrekin areas and is aimed at supporting cases managed within local community services, local residential services and out of county placements.

Objectives

1) To initiate and support a range of interventions and engage children and young people in local CAMHS

2) To provide indirect work through consultation, liaison and onward referral

Outcomes and Early findings

- The service has only operated at 50% capacity for it's first year due to difficulties in recruitment
- There have been 18 referrals, 17 of these were from Social Services
- Of cases referred, 15 were in the 11-16 year age group, the remainder under 11 or over 16
- Indirect work has been provided in 16 cases, direct work in 2
- The need profile of these young people indicated complexity, 17 had a history of family relationship problems / emotional difficulties / multiple placements. Thirteen were defined as risk taking (absconding / vulnerable to abuse by others). Many had histories of past abuse, current drug/solvent misuse problems and self-injurious behaviours. Half had histories of violence or contact with the police and half had attempted suicide

Meaningful outcomes for these young people can only be measured over time in terms of more appropriate engagement with services, improved co-ordination of care packages and pathways between agencies, reduced adverse life events such as placement moves and improvements in individual self-esteem, emotional stability, resilience and ability to employ coping strategies

The Shropshire project, although initiated as a Tier 4 pilot could arguably be re-defined as a Tier 2/3 service targeted at young people in the highest Tiers of provision of other agencies. Most of these young people may never have accessed a CAMHS Tier 4 inpatient service, but their problems and behaviours if not effectively addressed are likely to result in future entry into Adult Mental Health and Criminal Justice systems. This example highlights both the need to undertake comprehensive multi-agency needs assessment and evaluation of models for effective multi-agency working with vulnerable young people with such complex needs. There is no evidence to suggest that in the short or medium term, services such as that developed in Shropshire will have any impact on the need for increased CAMHS Tier 4 inpatient capacity.

Annex C

Consultation on this strategy

This is a working strategy for Tier 4 service development with the purpose of enabling PCTs and StHAs, with all the relevant key stakeholders, to make investment and development decisions for increasing the quantity and quality of CAMHS in-patient provision.

Consultation on this document will take place between 1st July - 30th September 2002. It has been distributed to:

- Primary Care Trusts
- Mental Health Trusts
- Paediatric Service Providers
- Social Service Departments
- Department of Health and Social Care
- (Strategic) Health Authorities
- Workforce Development Confederations
- Worcester LED
- Local Education Authorities
- Service user and carer groups and PALS
- Voluntary organisations and Community Health Councils
- Independent Sector Providers
- West Midlands CAMHS Network members
- Local Implementation Teams for the Adult MH NSF
- Children's NSF External Working Group

A series of Consultation Questions have been designed to elicit specific and constructive feedback, which will shape and inform this working document. These questions can be found in the consultation proforma attached to this strategy. Further copies of this draft strategy and of the consultation proforma can be downloaded from the West Midlands Partnership for Mental Health website on **www.wmpmh.org.uk**

Responses to the consultation questions should be returned to the CAMHS Lead at this address by post or e-mail by 30th September, 2002.

Keren Corbett
West Midlands Mental Health Development Centre
27 Highfield Road
Edgbaston
Birmingham B15 3DP
Keren.corbett@doh.gsi.gov.uk

In addition to this process, a Stakeholder Consultation Event will take place in Birmingham on **25th September 2002**. This event will provide an opportunity for discussion about these proposals within the context of the overall strategic priorities for CAMHS. A revised strategy will then form the point of reference for implementation planning.

A Strategy for Tier 4 CAMHS

Consultation Questions

The following questions have been designed to provide a common structure to aid collating and interpreting responses. Please feel free to use another format if preferred.

Section 2 **Vision**

Should we have a vision developed for and by the West Midlands for CAMH Services across the region?

How would you add to or change the draft vision set out in this strategy on page 7?

Comments and Suggestions to Support Your Responses:

Values and Principles

Are the values and principles set out in the strategy appropriate and achievable?

Are there others that you would include?

Comments and Suggestions to Support Your Responses:

Underpinning Quality Standards

Should we aim for a common set of Quality Standards for Tier 4 services in the West Midlands?

Are the draft standards set out on pages 9 & 10 the right ones?
How would you add to or change these standards?

Comments and Suggestions to Support Your Responses:

Section 3 **Present Position**

Do you agree with the summary of unmet needs?

Are there other needs you would identify as unmet or poorly met that should be addressed in a strategy for Tier 4?

Do you agree that a comprehensive multi-agency needs assessment should be commissioned across the West Midlands?

Do you agree that over time, CAMHS should assume lead responsibility for 16-18 year olds?

Do you agree, in principle, that up to 30 new Tier 4 beds should be developed?

Comments and Suggestions to Support Your Responses:

Section 4 **Developing improved Tier 4 provision**

Do you agree that a Workforce Plan should be developed across the West Midlands?

Do you support, in principle, Option 3, balancing community and in-patient CAMHS development over the next 3 to 5 years?

Comments and Suggestions to Support Your Responses:

Section 5 Summary of Recommendations

Do you support/agree with the programme of work described?

Do you support the recommendations to the Children's NSF External Working Group?

Comments and Suggestions to Support Your Responses:

Any Other Comments

Please continue on a separate sheet if required.

Name…….

Title……

Address…….....

.....

Email……....

Telephone……

partnerships in mental health

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Tel: 0121 454 4468 Email: mail@hylandfreeman.com
Web: www.hylandfreeman.com

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