

Tier 4 CAMHS
Update

Cheshire
Warrington and
Wirral Area
Team



NHS England

Cheshire, Warrington & Wirral Area Team

Tier 4 CAMHS Update

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Index

Title	Page
Purpose of Paper	4
National Update	4
Area Team Update	6
Recommendations	6

1. Purpose of Paper

The purpose of this paper is to provide an update to Cheshire, Warrington & Wirral Safeguarding Children Boards regarding the national Child and Adolescent Mental Health Services Tier 4 (CAMHS Tier 4) review.

2. National Update

From 01 April 2013, NHS England has nationally commissioned all elements of CAMHS Tier 4 inpatient services, which has provided an opportunity to implement standards consistently across the country.

The purpose of the national review of Tier 4 services was to map current service provision; consider issues that had arisen since 01 April 2013; identify specific improvements that are required as an immediate and urgent priority through national commissioning.

It was not intended to be a comprehensive review, but would make recommendations for areas of further work to be developed and carried out with the full involvement of children; young people; their families and carers; clinicians; the wider CAMHS community and other commissioners including local authorities.

The full report can be accessed at: <http://www.england.nhs.uk/wp-content/uploads/2014/07/camhs-tier-4-rep.pdf>

The following 20 recommendations are made within the national report:

Number	Recommendation
1	Specialised commissioners should develop a framework, in conjunction with clinicians, to identify factors for consideration when placing a child or young person in an inpatient service.
2	Every area should have adequate capacity of CAMHS Tier 4 general adolescent beds.
3	Further work needs to be undertaken to determine which sub-specialties can co-exist in CAMHS Tier 4 general adolescent units, through the adoption of different models of care, and which are required to be in designated sub specialty units.
4	Review good practice in commissioning provided by area teams to consider which should be adopted nationally and included in the Mental Health Standard Operating Manual.
5	Agree standardised referral and assessment procedures that involve case managers, with clear approval mechanisms for 'any out of hours' emergency admissions which are monitored for compliance.
6	Standardised and proactive monitoring of delays in transfers of care should be put in place nationally to ensure that delays are identified and addressed promptly-thus creating capacity for those requiring admission.
7	Sustainable case management arrangements should be established.
8	Consider developing 'live reporting' of bed availability based upon the geographic footprint of the 10 specialised commissioning areas, and which allows inter-area communication if demand for beds cannot be contained within area.
9	Press to change legislation to allow commissioners necessary access to information so that they can fulfil their responsibilities.
10	Case managers should have access to robust information systems to support

	effective care pathway management.
11	Proposed standards should be consulted upon more widely including access assessment; best practice for trial or home leave; best practice for discharge thresholds and discharge planning; managing suicidal ideation
12	Further, consider including additional standards beyond current COC requirements in contracts. These should include the specific ONIC access, assessment and discharge standards proposed by the clinical reference group.
13	Commissioners should first verify bed numbers and types, then explore the extent of available capacity within the existing CAMHS estate and whether this is available and fit-for-purpose to be commissioned in the short term to address capacity issues.
14	Short-term procurement of additional capacity for those areas of the system most acutely affected by current inaccessibility of beds should be undertaken.
15	All children and young people should have access to age-appropriate services. A consistent process should be established by NHS England to notify CAMHS case managers when a young person from their area is admitted to an adult ward.
16	CAMHS provider networks should be established based on the 10 specialised commissioning footprints.
17	Collaborative commissioning models should be explored which acknowledge that accountability rests with different statutory bodies while minimising perverse incentives.
18	Specialised commissioners may consider the outcome of the Pathfinder Project and different commissioning models.
19	Further work should be done to develop models of care across the whole care pathway for children and young people with an eating disorder, with a learning disability as well as services providing alternatives to admission.
20	NHS England should pursue with Health Education England a wider system discussion regarding the need to develop an adequate CAMHS workforce

NHS England CWW Area Team established a CAMHS T4 Provider Network in October 2013 which commenced a local review of service provision. This group will now include the above recommendations into their work plan and monitor progress.

In addition, to the national recommendations an immediate 3 actions were required. Below is an update on progress with these actions:

Number	Recommendation	Update
1	To procure additional Tier 4 beds in parts of the country where there is insufficient capacity	Procurement exercise is underway. North West currently requires an additional 19 CAMHS T4/PICU beds
2	To ensure that all admissions to inpatient services are appropriate for the individual child	Current case management allows Children & Young People to remain in North West with very few/if any being placed out of area
3	To increase the number of case managers to enable timely and effective discharge planning and support back to local services	NHS England CWW Area Team allocated funding for an additional 1.0 wte case manager. Recruitment to commence September 2014

3. CWW Area Team Update

Work regarding the development of the CAMHS Tier 4 system continues and regular meetings with providers continue with a focus on clinical processes and development of a systems approach across the North West. Including:

- Implement standard referral form across all providers.
- Sub-group identified and developing a common assessment tool for use in all providers undertaking access assessments.
- The newly updated "managing the patient pathway" protocol is now with providers and clearly defines roles in the assessment and management of secure and specialised MH users. This is included within Provider contracts.
- Stakeholder events across North West arranged (Greater Manchester; Cheshire & Merseyside; Lancashire & Cumbria). Events will advise and update on developments across Tier 4 services including referral; assessment and service user involvement.

Across the North West there remain concerns that children are waiting on either adult/ paediatric wards predominantly for assessment. Whilst this remains an issue in some areas there has been improvement in the number of children inappropriately placed. However, access and availability remains an issue mostly in the South region and is monitored on a weekly basis.

4. Recommendations

Cheshire, Warrington & Wirral Safeguarding Children Boards are asked to note progress to date with CAMHS Tier 4 Services and be advised NHS England CWW Area Team will continue to provide regular updates on progress.

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