

Briefing from Specialist Mental Health Team- SYB AT, NHS England regards CAMHs Tier 4 – September 2014

The purpose of this brief is to provide an update in respect of CAMHs Tier 4 provision and directly associated pathway issues across Yorkshire and Humber (YH). Previous briefs to stakeholders have described the difficulties in relation to capacity issues experienced across YH. Since the last brief, progress has been made in addressing some of the issues, other work is ongoing.

1. National CAMHs Tier 4 Review

This National CAMHs Tier 4 review, commissioned by the NHS England Specialist Commissioning Oversight Group (SCOG), was published on 10th July:

<http://www.england.nhs.uk/wp-content/uploads/2014/07/camhs-tier-4-rep.pdf>

The report concludes with 20 recommendations; however it was agreed as part of the implementation that 3 key areas needed immediate attention. These are as follows:

Recommendation 2:- Every area should have adequate capacity of Tier 4 CAMHs general adolescent beds.

In response to this recommendation, the National Tier 4 procurement exercise commenced, to enable a short term interim solution to be achieved in respect of those areas with specific capacity issues. YH is identified as one of those areas. Phase 2, a more comprehensive exercise will follow to provide longer term solutions for all types of Tier 4 provisions.

In relation to the short term interim issue, in YH we identified that 13 general adolescent beds and 5 psychiatric intensive care (PICU) beds were required. A number of responses were received from existing CAMHs T4 providers nationally. The outcome is that additional capacity became available from 15th September at Alpha Hospital Sheffield for general adolescent and PICU beds. Further general adolescent beds will become available in York, hopefully early December 2014, provided by Leeds and York NHS FT. These 2 developments will mean that YH's short term requirement is addressed in relation to general adolescent and PICU beds, this will be the first time that PICU beds have been available in area, this is very good news for young people and their families, also for clinicians and commissioners working along the pathway.

Recommendation 7:- Sustainable case management arrangements should be established.

The valuable and essential role of case managers within the Specialist Mental Health Commissioning Teams (SMHT) was identified as a theme throughout the review. In SYB AT, Directors had already supported the MH team appointment of these posts, and two members of staff were seconded in October 2013, the existing compliment of CAMHs case managers addresses the requirement for YH. It is important to note that CAMHs Tier 4 case management takes place on an 'originating basis', so the case managers in SYB AT are responsible for the case management of all children and young people who originate from CCGs in YH, placed in any CAMHs T4 service. This is by far the best approach for this patient group as it ensures that knowledge of local pathways is maintained, and length of stay is kept to a minimum. This does not however negate from the requirement that every

patient in a specialist service has an identified local care coordinator (from the Tier 3 service) identified within their home area.

A national case management database for CAMHs T4 has been piloted and the roll out of this has now been agreed. SYB AT case managers are working towards full engagement in this national process.

Recommendation 5:- Specialised commissioners should identify access assessors, agree standardised referral and assessment procedures that involve case managers..... Outline clear expectations for the involvement of young people and their families/carers.

In order to ensure that access assessments are equitable and timely, additional resource is being made available to enhance existing arrangements, it is hoped that across YH all access assessments will be completed by Tier 4 clinicians. Work is ongoing to develop this at this time.

National work has taken place to agree standardised referral and assessment procedures, staff from SYB AT have been leading this work which is hoping to conclude shortly. It is anticipated that this standardisation will be rolled out nationally in approximately two months' time.

In respect of the involvement of young people and their families/carers the CAMHs Tier 4 Clinical Reference Group (CRG) produced some good practice guidance about admission and discharge arrangements. NHS England Patient Public Engagement (PPE) Directorate have been working with SMHTs and Young Minds to engage young people, families and carers on this subject. A recent national event was very well attended and as a consequence of the event a document is being produced to identify priority areas within the guidance.

2. National Weekly Reporting

This continues via Tier 4 providers through UNIFY in terms of bed availability and also via SMHTs regarding young people waiting for Tier 4 beds, on adult or paediatric wards, over 18 year olds in Tier 4 services, and delayed discharges.

This system has been in place since July 2013 and it has helped considerably to ensure appropriate use of capacity and ensuring young people are placed as close to home as possible.

3. CAMHs Pathway

As in previous briefs it must be highlighted that there continues to be differences across YH in the provision of Tier 3 CAMHs services, seven areas now have Tier 3 plus services which is very good news. The Strategic Clinical Network (SCN-Children and Maternity) is working closely with specialised commissioners and local CAMHs commissioners to enable an understanding of these differences. Understanding the whole pathway is crucial to ensuring that the system works effectively. Work nationally has commenced, being led by the DoH to consider the future of commissioning across the whole CAMHs pathway so that there are not artificial separations and the pathway is as seamless as possible.

4. **In Summary**

Hopefully the additional capacity, plus the provision of a PICU in area will improve things for young people and their families/carers, also for clinicians making referrals and working with Tier 4 services. There are other pieces of work as described still in development, however if there are any queries or clarifications required please do not hesitate to contact myself, Louise Davies – MH and PoC Lead, Rita Thomas – MH Supplier Manager or Matt Miles/Helen Rutherford- CAMHs case managers.

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