



North Central London

MEETING:	Joint Overview and Scrutiny Committee
DATE:	9 th July 2012
TITLE:	Update on Barnet Enfield and Haringey CAMHS Tier 4 service development
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SUMMARY:

This paper provides an update to the JOSC on progress with implementation of a redesigned CAMHS Tier 4 service for Barnet, Enfield and Haringey. This paper encompasses work with the Young Peoples Project Group but excludes work on the Pupil Referral Unit which is discussed in a separate paper.

SUPPORTING PAPERS:

None.

RECOMMENDED ACTION:

The JOSC is asked to:

- **NOTE** this report.

Objective(s) / Plans supported by this paper:

The strategic aims of NHS NCL that are supported by this paper are:

- Provide children with the best start in life;
- Ensure patients receive the right care, in the right place, first time and;
- Deliver the greatest value from every NHS pound invested.

Background

The CAMHS tier 4 service redesign forms part of the NHS NCL QIPP plan for 2012/13 and builds on work undertaken in 2011/12. It is an integrated model of care that encompasses clinic based care and enhanced community teams, who in turn work with the young person within the inpatient unit on any given admission. Rather than separating inpatient provision into different units, there will be the resources available in a single unit to meet; high dependency, crisis, acute and treatment needs. A young person will need different inputs

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The Joint Boards of NHS North Central London refers to the joint meeting of the Boards of Barnet, Camden, Haringey, Enfield and Islington Primary Care Trusts.

during an admission and this care will be flexed around them, without them needing to move unit or bed. In addition they will retain their enhanced community team key worker if admitted to an inpatient bed. The key worker will ensure the young person has a clear discharge plan on admission, facilitating appropriate transfer to the community when clinically ready.

Benefits of the new service are expected to include improved continuity of care, care provided in the least restrictive environment, shorter inpatient stays, and a reduction in the number of young people placed outside of the three boroughs. These improvements will lead to improved outcomes and experience for young people using the service.

Evaluation of the service will be carried out in an ongoing basis utilising activity and admission data alongside service user experience as set out below.

Activity and outcomes of Alliance Service – Enfield

The Alliance team consists of 3 mental health nurses who have extensive experience in working with young people and their families in crisis. In July 2010 the Alliance team began to operate alongside the SAFE team and, two generic CAMHS teams in Enfield. The main aims of the Alliance team are to respond to those young people who are or have been at risk of admission to a Tier 4 hospital service. Early outcomes from this service informed development of the BEH CAMHS Tier 4 service.

Latest data from the service demonstrates a reduction in Tier 4 bed days used by Enfield CAMHS over the past 3 years as a result of the Alliance service.

- 2008-2009: Total 3112 bed days averaging 8 admissions per month.
- 2009-2010: Total 3485 bed days (an increase of 373 from the previous year) averaging 9.3 admissions per month.
- 2010-2011 Total 2135 bed days (a decrease of 1350 bed days from previous year) averaging 5.8 admissions per month.

Patient & Public Involvement (PPI):

There is a Young People's Project Group that is supported by the NHS NCL Communications Team. This group meets regularly with a Trust Assistant Director (the Service Lead) and the Associate Director for Joint Commissioning (Barnet). These meetings help to ensure that there is a strong service user voice in development plans for the new service.

The group is represented at the Trust Service Implementation Group, will sit on interview panels for new staff in the service, have inputted into the service specification and are commenting on the referral criteria.

In addition to their involvement in service development they will also be co-producing with commissioners and the Trust the service user experience element of the service evaluation process. The NHS NCL Communication Team is supporting the group with this work which will include a workshop with other service users. This project is seen as key to overall

evaluation of effectiveness of the service and will ensure the service user voice remains strong once the service is up and running.

Equality Impact Assessment:

An equality impact assessment was undertaken by the Trust in relation to this service. No adverse impacts were noted.

Risks:

There is a risk that the service will not be implemented to the expected timescales. This risk is mitigated through a Trust led Implementation Group and regular reporting to the Joint Mental Health QIPP Programme Board. This meeting includes representation from the three Clinical Commissioning Groups, the Trust and NHS NCL commissioners.

There is a risk that the service will not lead to a reduction in young people placed out of borough. The risk also exists during the transition period. This risk will be mitigated through the use of a transition planning panel consisting of NHS NCL Children's Commissioners and Trust Service Leads.

There is a risk that the new service will not deliver the anticipated benefits. This is mitigated through a robust evidence base underpinning the service redesign and the development of an evaluation process that will include service user experience.

Resource Implications:

The business plan was approved in May and financial implications included in the overall contract between the Trust and NHS NCL commissioners.

Next Steps:

Progress with implementation of the service will be reported to and monitored by the Joint Mental Health QIPP Programme Board.

The staff consultation and engagement process has commenced and will conclude on 20th July. Training for staff will commence in August and the new community teams and treatment hub will be in place from September. It is noted that the HDU (High Dependency Unit) will follow a slightly later timescale as building works will need to be completed first.