

FORMAL CONSULTATION

on

The Development of a Comprehensive Child & Adolescent Mental Health Service at Fairhaven, Winwick, Warrington

Consultation period:

2nd September 2008 – 25th November 2008



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Initial Distribution of this Document

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See page 17 for more details on how to have your say on these proposals

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Introduction

This paper outlines proposals by the 5 Boroughs Partnership NHS Trust (thereafter referred to as 'the Trust') to develop an extended range of specialist mental health services for children and young people aged up to 18 years living in the boroughs of Halton, St. Helens, Knowsley, Warrington and Wigan.

The proposals have been developed to continue the ongoing process of service improvement and in response to concerns that have been raised by commissioners about significant gaps in current services, concerns from Acute Trusts about the inappropriate use of paediatric beds and in response to a recognised shortfall in Child and Adolescent Mental Health Services (CAMHS) beds in the North West.

The Need for Change

The proposals address key requirements for CAMH services set out in Standard 9 of the National Service Framework for Children, Families and Maternity Services (2004) and will enable the Trust to satisfy recent recommendations concerning CAMH services from the Children's Commissioner and the Royal College of Psychiatry and to comply with the recent changes to the Mental Health Act (2007).

The proposed options relate to a significant change for the delivery of services in all boroughs, however, the plans for this new development are proposed to operate from the former Learning Disability facility at Fairhaven, Birch Avenue, Winwick, Warrington.

Agreement to relocate in-patient and community Learning Disability services which are jointly provided by the Trust and Warrington Social Services was taken at the multi-agency Learning Disability Services Partnership Board on the 5th December 2007. In July 2008, in-patient facilities were relocated to the main hospital complex at Hollins Park Hospital, Winwick and the integrated community services are due to relocate to offices based in Wilson Patten Street, Warrington by November 2008 as part of an overall scheme.

For some time there has been an expectation that a comprehensive range of CAMH services would be available in all localities. (Ref: *Improvement, Expansion and Reform 2007*ⁱ).

At the same time it has become apparent that there are a number of areas in which the current range of CAMH services provided by the Trust needs augmenting and where dependence on external provision of key services is problematic.

- Concerns have been expressed by commissioners, partner agencies, and parents about the lack of local and readily accessible services available as alternatives to admission to in-patient care.
- Acute Trusts across the footprint have been concerned about the increasing numbers of children and young people admitted to paediatric wards whilst awaiting assessment or admission to regional accommodation (Tier 4) or secure accommodation. Admissions of young people to Adult Mental Health wards have also continued at a high level contrary to good practice guidance (see table 1 below).
- There is a significant shortfall in CAMHS beds in the North West. They currently equate to 1.2 beds per 100,000 total population which is substantially below the Royal College of Psychiatrists recommendation that there should be between 2 and 4 beds per 100,000 total population. The currently commissioned specialist beds are located at a considerable distance from the homes of the young people who are placed in them, contrary to guidance which advises that such services should be 'local'.

Table 1 - Under 18 Admissions to Adult Acute Mental Health In-patient Units

Under 18 admissions 01.08.06 – 31.07.07		
Borough	Total number of admissions	Total number of bed days
Halton	8	142
St Helens	5	22
Knowsley	6	110
Warrington	7	209
Wigan	13	543
Total	39	1026
Under 18 admissions 01.08.07 – 31.07.08		
Halton	8	182
St Helens	5	123
Knowsley	6	78
Warrington	4	17
Wigan	13	243
Total	36	643

Acute Hospital Trusts

Table 1 only relates to young people admitted to adult mental health wards. As a result of close partnership working over the last two years, the preferred option for young people under 16 years who require admission, has been the local paediatric wards in Acute Hospitals.

Whilst it is difficult to identify young people admitted to paediatric wards purely for mental health reasons due to differences in clinical coding, a recent local survey identified 50 in-patient admissions for 14 – 18 year olds to Warrington Hospital paediatric ward. All 50 young people had received a specialist CAMHS assessment and intervention whilst on the ward over a 12 month period. All of the assessments identified self harm as a predominant factor in admission. This reflects the move towards managing young people on paediatric wards rather than admission to adult mental health wards wherever possible. However it does not identify all young people as only the most complex will have received a specialist CAMHS assessment under the present protocol.

In addition to the above, 189 emergency specialist CAMHS assessments were undertaken on children who presented in crisis at Accident and Emergency Departments over a similar period with acute mental health episodes.

A Challenge and an Opportunity

The shortcomings that have been identified in the current service arrangements present the Trust with a considerable challenge, but they also provide a significant opportunity to redesign and develop services with a view to putting in place a comprehensive range of high quality, locally provided, mental health care services for children and adolescents.

Developing a Vision for Comprehensive CAMH Services

In responding to the expressed and acknowledged concerns the Trust has taken account of national strategy and good practice guidance and has looked at relevant examples of innovative service developments in other localities.

National Strategy

Standard 9 of the National Service Framework (NSF) 2004ⁱⁱ outlines the key characteristics that should be present in good quality CAMH services. Of particular relevance to the identified areas of concern are:

- They should provideⁱⁱⁱ - *a range of services (i.e. assertive outreach, domiciliary, community and day services) so that children and young people are not inappropriately admitted to in-patient units.*
- *The services should be 'able to meet the needs of all young people including those aged sixteen and seventeen*
- *Children and young people are able to receive urgent mental health care when required, leading to a specialist mental health assessment where necessary within 24 hours or during the next working day.*
- *Children and young people who require admission to hospital for mental health care have access to appropriate care in an environment suited to their age and development.*
- *For the majority of sixteen and seventeen year olds for whom admission becomes necessary, admission to a young people's unit is the appropriate and preferred option.*
- *Where a child or young person needs to be placed in an in-patient unit, every effort is made to find a place that is close to home, so that contact with the family can be maintained.*
- *Primary Care Trusts and Local Authorities ensure that local networks of care are developed between specialist CAMHS and Tier 4 services to include assertive outreach and day care as well as in-patient and community services.*

The NSF also highlights the need to respond to children in 'special circumstances' *Looked after children are five times more likely than their peers to have a mental health disorder. Children and young people with significant learning disabilities are three to four times more likely to have a mental disorder and at least forty per cent of young offenders have been found to have a diagnosable mental health disorder.*

The position on the use of adult beds has also been dealt with in The Mental Health Act (2007), which places 'a duty on all hospital managers to ensure that all patients under 18 are placed in suitable settings, unless needs dictate otherwise.'

Good Practice Guidance

Recent recommendations contained in reports by the Royal College of Psychiatrists and the Children's Commissioner confirm the need to avoid inappropriate use of adult in-patient facilities, to have sufficient emergency facilities, and to ensure that there is adequate provision of CAMHS in-patient

beds – i.e. around 24 – 40 beds per one million total population – closely linked to Tier 3 provision.

Current Specialist Mental Health Provision for Young People

In the five boroughs of the Trust, specialist child and adolescent mental health services are provided on an outpatient basis (clinic based and community) to the populations of Halton, St. Helens, Knowsley, Warrington and Wigan during Monday to Friday (excluding Bank Holidays), 9.00am to 5.00pm. The service is staffed by a range of highly skilled multi-professional practitioners with extensive knowledge of clinical conditions specific to the needs of young people from 0 – 18 years. There are strong partnership arrangements and examples of excellent multi-agency working as evidenced by the Joint Area Reviews undertaken across the boroughs during 2006 to 2008.

Presently, there are no 24 hours per day (24/7) or specialist emergency out of hours arrangements. The new Inreach-Outreach service due to become operational in Autumn 2008 will provide a specific service for 14 – 18 year olds with intensive and complex needs for whom admission to an in-patient facility is imminent. The service aims to reduce the number of admissions where intensive support can be provided in the local environment, or where admission is unavoidable (i.e. under the Mental Health Act), provide intensive support in an in-patient environment. The service will operate seven days a week from 8.00 a.m. until 10.00 p.m. for patients known to specialist CAMHS.

At the present time, there is no targeted service for young people of all ages presenting with high level mental health needs at Accident and Emergency Departments, Police Stations or residential homes.

As a result of the national, but more importantly regional, shortage of beds, many young people are admitted to adult mental health in-patient environments where staff do not have the relevant skills to meet their needs and no age appropriate facilities, or to Paediatric wards in Acute Hospitals that are not structured to meet the needs of young people with severe mental health problems and which are often accompanied by high risk behaviours.

The Future Need

On the 1st September 2007, in agreement with local commissioners, the Trust ceased admission of any young person under the age of 16 years to adult mental health in-patient facilities. This decision was taken to comply with Department of Health requirements in line with safeguarding measures. Further Department of Health requirements recommend that from the 1st April 2009, no young person under the age of 18 years should be admitted to an adult mental health in-patient environment unless it is deemed in exceptional cases to meet their development needs. Under 2007 changes to the Mental

Health Act^{iv}, admissions of under 18 years olds will be further restricted as a result of new legislation. The revised Act requires age appropriate accommodation to be provided as near to home as possible. These changes will be enacted in 2010.

At present, 'environment' is not defined in the Act, but good practice suggests a suitable environment is one which has more than just appropriate physical facilities, but also staff who are trained to understand and address the young person's specific needs to allow them to continue to develop their personal, social and education development as normally as possible. Factors which will determine whether or not the environment is suitable at a particular point will include the clinical presentation, the urgency for admission and the proposed length of stay. Trusts will also need to consider issues such as access to the wards by parents and younger siblings.

Planning for this change in the law will require adult and children's in-patient services and community based teams to work together. Primary Care Trusts and Children's Trust commissioners will need to be aware that they will have a new legal duty under sections 39 and 140 of the Mental Health Act 2007 to inform the courts and local authorities where beds and facilities for under 18 year olds have been (or could be) commissioned.

Commissioners and providers of services for Adults of Working Age and CAMHS, Local Implementation Teams and CAMHS partnerships will need to work together to consider whether or not new beds need to be commissioned and what opportunities there are to develop community adolescent outreach teams to prevent unnecessary admission or help speed safe discharge back to the community. Much of this will be addressed through the Business Case currently in development.

A primary aim of effective mental health services however, is to prevent hospital admission. The development of an intensive day therapy service will support this element of the new service and will be available for all young people under 18 years to reduce the risk of entering into a crisis phase of their illness and/or to facilitate earlier discharge where admission is necessary.

A Better Service for Young People

A number of options for service development have been drawn up for initial consultation which take their direction from national policy, are intended to reflect generally agreed principles of good practice and incorporate evidence based approaches that have been shown to achieve good outcomes for young people.

This paper sets out three options for development and improvement of the Trust's CAMHS services. A brief outline of each option is given together with an indication of the skills required, and the benefits and limitations of each model.

Option 1 (Preferred Option)

Components:

- A. Inreach-Outreach Service
- B. Intensive Day Therapy Unit
- C. In-patient facility

A. Inreach Outreach Service

Access	Via local CAMHS
Target Group	Higher risk/complex disorders, those young people of transition age (14 – 18 years) for whom in-patient care/residential placement is being actively considered or who are in Tier 4 or out of area facilities needing short term support to facilitate return home Intervention: To provide short term (up to 2 weeks), intensive support in the community, to help with assessment and formulation of the care plan, resolve crisis and prevent admission to in-patient or residential care. The service would also reach into residential care units, adult mental health and paediatric in-patient units to assist young people to return to the community or to move on to other placements in accordance with assessed need. The team would hand back case responsibility to mainstream CAMHS after intervention.
Specialist Skills	Medical Observational Neuropsychological Broad understanding of therapies Psychosocial

B. Intensive Day Therapy Unit

Access	Via local CAMHS
Target Group	To provide time limited, intensive, integrated assessment and intensive therapeutic intervention for young people (all ages) who require additional support to reduce the risk of entering into an episode of crisis. The Unit would provide additional support and advice to, and complement the existing service. The service would have a role in dealing with higher levels of need both in preventing situations reaching crisis and in post crisis stage.
Specialist Skills	Medical Observational Neuropsychological Broad understanding of therapies Psychosocial

C. In-patient Facility

Access	Via local CAMHS for the five commissioning boroughs/through agreed Service Level Agreements for north west commissioning groups
Target Group	Young people primarily of transition age who require brief in-patient admission as part of an overall package of care but who do not require the specialist provision of a regional facility (Tier 4).
Specialist Skills	Medical Nursing Observational Neuropsychological Broad understanding of therapies Psychosocial

Option 1 Benefits

This would provide a comprehensive and fully integrated CAMHS service with the resources to maintain young people safely in the community and provide them and their carers with intensive assessment and therapeutic interventions in times of crisis.

The service would have access (without having to negotiate with another provider) to local specialist CAMHS in-patient beds which would lead to a significant reduction in the use of inappropriate adult mental health and paediatric beds, and out of area placements. More children and young people would be supported at home while the small number who would continue to need in-patient care would have it met in local, age appropriate, specialist CAMHS facilities. The service would have the potential to generate income and become self funding by 2010/2011.

The service would complement Tier 4 services and enhance the interface arrangements. It would enable a more thorough assessment to be undertaken of young people with complex needs at times of crisis, assisting the appropriate identification of those who would benefit from the planned intervention of Tier 4 services whether as an in-patient or for home treatment.

Option 1 Limitations

None identified to date.

Option 2

Components:

- A. Inreach-Outreach Service
- B. Intensive Day Therapy Unit

The current arrangements for accessing in-patient care would need to remain in place.

A. Inreach Outreach Service

Access	Via local CAMHS
Target Group	Higher risk/complex disorders, those young people of transition age (14 – 18 years) for whom in-patient care/residential placement is being actively considered or who are in Tier 4 or out of area facilities needing short term support to facilitate return home Intervention: To provide short term (up to 2 weeks), intensive support in the community, to help with assessment and formulation of the care plan, resolve crisis and prevent admission to in-patient or residential care. The service would also reach into residential care units, adult mental health and paediatric in-patient units to assist young people to return to the community or to move on to other placements in accordance with assessed need. The team would hand back case responsibility to mainstream CAMHS after intervention.
Specialist Skills	Medical Observational Neuropsychological Broad understanding of therapies Psychosocial

B. Intensive Day Therapy Unit

Access	Via local CAMHS
Target Group	To provide time-limited, intensive, integrated assessment and intensive therapeutic intervention for young people (all ages) who require additional support to reduce the risk of entering into an episode of crisis. The Unit would provide additional support and advice to, and complement the existing service. The service would have a role in dealing with higher levels of need both in preventing situations reaching crisis and in post crisis stage.
Specialist Skills	Medical Observational Neuropsychological Broad understanding of therapies Psychosocial

Option 2 Benefits

Option 2 would provide an enhanced CAMHS service providing both inreach and outreach support to young people (14 – 18) and their families and access to an intensive integrated assessment and therapy day unit. It would enable more young people and their families to have their needs met in the community.

Option 2 Limitations

There would continue to be a need for in-patient care for young people with the greatest needs and there would be a continuing need to negotiate with other providers for access to in-patient beds often in inappropriate settings or in those which are geographically disadvantageous for families and carers.

Option 3

Component:

A. Inreach-Outreach service

In essence, this would be a no change option. The Inreach Outreach Service for 14 – 18 year olds is scheduled for launch in Autumn 2008 as part of local redesign.

A. Inreach Outreach Service

Access	Via local CAMHS
Target Group	Higher risk/complex disorders, those young people of transition age (14 – 18 years) for whom in-patient care/residential placement is being actively considered or who are in Tier 4 or out of area facilities needing short term support to facilitate return home Intervention: To provide short term (up to 2 weeks), intensive support in the community, to help with assessment and formulation of the care plan, resolve crisis and prevent admission to in-patient or residential care. The service would also reach into residential care units, adult mental health and paediatric in-patient units to assist young people to return to the community or to move on to other placements in accordance with assessed need. The team would hand back case responsibility to mainstream CAMHS after intervention.
Specialist Skills	Medical Observational Neuropsychological Broad understanding of therapies Psychosocial

Option 3 Benefits

Option 3 would provide an enhanced CAMH service providing both inreach and outreach support to 14 – 18 year olds and their families. It would enable more young people and their families to have their needs met in the community.

Option 3 Limitations

The service would not have the benefit of ready access to a short period of intensive integrated assessment and therapy and would rely on adequately resourced local CAMHS for 16 – 18 year olds, standardised across the boroughs. Current arrangements for booking into separate specialist assessment and therapy sessions would continue which are not structured to meet the needs of young people and their families at times of crisis. It would have the same limitations as Option 2 with regard to in-patient care.

Initial Consultation Workshop

A workshop was held in July 2007, attended by CAMHS senior clinical staff and managers, to consider the three options for developing CAMH services and to identify whether any additional options should be considered.

There was a high degree of consensus that Option 1 should be put forward as the model for service development with the service operating between specialist CAMHS (Tier 3) and specialist in-patient care (Tier 4) and be provided to children and young people up to 18 years of age. (No additional options were proposed).

A number of factors that would contribute to the successful implementation of Option 1 were suggested:

- Developing the services with partners including social care, education, youth offending, etc and with adult mental health services.
- Ensuring that there are clear pathways and protocols
- Ensuring that specialist CAMHS is resourced and can manage young people up to 18 year olds
- Ensuring that transition arrangements are clear and agreed

What Young People Tell Us

This proposal acknowledges feedback from service users of Warrington CAMHS following an 'Agenda Day' co-hosted with the Investing In Children Agency in Durham on the 13th February 2008. Young service users told the Trust through their report that there should be 24 hour specialised support for

young people with mental health issues. They reported unsatisfactory experiences of presenting with serious mental health needs at Accident and Emergency Departments during weekends and evenings.

The Vision

The 5 Boroughs Partnership NHS Trust is committed to supporting the mental health of children and young people and the development of appropriate services to meet their specific needs from 0 – 18 years.

One in ten young people have a diagnosable mental health disorder. It is vital that not only do we plan for their needs and develop services to support them through childhood, but also that we reduce the risk of persistent long term consequences as they move in to adulthood.

Developing a serious mental illness that requires admission to hospital is a frightening experience for anyone; this is particularly the case for a child or young person. Young people's needs are very different to those of adults and their care demands specialist skills and knowledge by trained staff in a setting which takes account of their age and vulnerability.

The new service proposed by the Trust aims to use the national guidance, evidenced based research and the first hand accounts of young people to shape the future model of care. Too often and for too long, this population within our communities has not had their needs fully acknowledged or fully resourced.

The Trust wishes to improve the outcomes for the thousands of young people who use our services every year. Your support to move this development forward is greatly valued.

How to Have Your Say

This formal consultation is aimed at all stakeholders of the Trust including statutory and non-statutory partners, Trust staff, service users and their families and carers, and members of the public. This document also aims to provide key information for local people in the community to understand what is being proposed in their area.

The Trust needs to know over the duration of this consultation period:

- What your general views are on the proposed new service and possible options.
- What matters to patients and their families and how this new service should meet their needs.
- What advice you have for organising and running the service, include staff issues.

Please take this opportunity to let us know your views by returning the enclosed feedback questionnaire at the back of this document no later than the 25th November 2008.

Next Steps

This consultation will be open from 2nd September until the 25th November 2008 (inclusive). All views and comments received during this period will be considered as part of the decision making process. The Trust Board of the 5 Boroughs Partnership NHS Trust will reach a final decision at its meeting on the 27th November 2008. This meeting will be held in public in the Council Chamber of Wigan Town Hall, Library Street, Wigan, WN1 1YN.

Distribution and Feedback

This document is available from www.5boroughspartnership.nhs.uk or by request from the Communications Team (details below). Please forward copies to anyone with an interest in Child & Adolescent Mental Health Services. NB. Also available in different formats

The Communications Team
5 Boroughs Partnership NHS Trust
Hollins Park House
Hollins Lane
Winwick
Warrington
Cheshire
WA2 8WA

Tel: 01925 664002
communications@5bp.nhs.uk

**Child & Adolescent Mental Health Services
Consultation on Proposals for Service Development
FEEDBACK FORM**

Please tick the appropriate box for your response.

Q: 1. Do you agree with the proposal to develop Inreach-Outreach services as described in options 1, 2 and 3 to be provided via local CAMHS services?

Yes No Don't know

Comments:

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Q: 2. Do you agree with the proposal to develop intensive therapy services as described in options 1 and 2 to be provided via local CAMHS services?

Yes No Don't know

Comments:

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Q: 3. Do you agree that there is a need for the establishment of a specialist in-patient facility for children and young people that is more locally accessible to the boroughs of Halton, Knowsley, St Helens, Warrington and Wigan?

Yes No Don't know

Comments:

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Q: 4. Which of the options for service development as described in the consultation document would you prefer to see implemented?

Option 1. Yes No Don't know

Option 2. Yes No Don't know

Option 3. Yes No Don't know

None of the above:

Comments:

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Please provide additional comments if you wish to do so.

Any concerns?

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How may your concerns be overcome to provide improved services for children and young people with mental health problems?

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If you would like to be involved in helping with the development of the proposal to improve services for children and young people with mental health problems, please give details of how you can be contacted and state whether there is a particular aspect of the proposal to which you would want to contribute:

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.....

Thank you for taking the time to give consideration to the proposals under consultation.

Please return the completed form **by the 25th November 2008** to:

The Communications Department at Hollins Park House, Hollins Lane. Winwick, Warrington, WA2 8WA or by e-mail at: communications@5bp.nhs.uk

A report of the outcome of consultation will be compiled and considered by the Trust Board at its meeting in November 2008. This report will be made available to stakeholders and the public.

References

- ⁱ Department of Health (2003), *Improvement Expansion and Reform; The Next Three Years*
- ⁱⁱ Department of Health & Department for Education and Skills (2004) *National Service Framework for Children Young People and Maternity Services: The Mental Health and Psychological Well-being of Children and Young People: Standard 9*
- ⁱⁱⁱ Annex 2: Re Comprehensive CAMHS – of Department of Health & Department for Education and Skills (2004) *National Service Framework for Children Young People and Maternity Services: The Mental Health and Psychological Well-being of Children and Young People: Standard 9*
- ^{iv} Mental Health Act Amendments 2007