

**Children and Young People's Emotional
Health – BNSSG and BANES CCG and NHS
England collaborative commissioning plan
for inpatient and daycase treatment**

December 2016

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By 2020/21, in-patient stays for children and young people will only take place where clinically appropriate, will have the minimum possible length of stay, and will be as close to home as possible to avoid inappropriate out of area placements. Inappropriate use of beds in paediatric and adult wards will be eliminated. All general in-patient units for children and young people will move to be commissioned on a 'place-basis' by localities, so that they are integrated into local pathways. As a result, the use of in-patient beds should reduce overall, with more significant reductions possible in certain specialised beds.

By 2020/21, inappropriate placements to in-patient beds for children and young people will be eliminated: including both placements to inappropriate settings and to inappropriate locations far from the family home (out of area treatments).

A combination of the different activities to deliver transformation, such as increasing the number of children receiving evidence-based treatment in the community and the development of new models of care (see chapter 9), is expected to lead to reduced use of in-patient beds for children and young people across all settings, with savings to reinvest in local mental health services. Investment to pump-prime 24/7 crisis resolution and home treatment services should further release money currently within the specialist commissioning budget that can be redeployed to achieve further improvements in access and waiting times in mental health services.

In parallel, NHS England will transform the model of commissioning so that general in-patient units are commissioned by localities on a place basis (whether alone, as part of an STP or another group covering a defined geography), to align incentives and ensure that efficiencies delivered are reinvested in communities. As a first step, all CCGs are expected to develop collaborative commissioning plans with NHS England's specialised commissioning teams by December 2016. These plans will include locally agreed trajectories for aligning in-patient beds to meet local need, and where there are reductions releasing resources to be redeployed in community-based services.

1 INTRODUCTION

The aim of this work is to reduce the number and length of Tier 4 CAMHS inpatient stays for children and young people (CYP) and improve services for crisis resolution and home treatment.

This Tier 4 co-commissioning plan is a live document that reflects our high level priorities and actions across the spectrum of issues relating to inpatient and day case beds for CYP across BNSSG and BANES

This plan is a joint agency approach to the range of issues currently facing CYP, their families and staff who work with those CYP who need more intensive support than that provided by core CAMHS and other NHS funded services.

This plan also links closely with our local **Sustainability and Transformation Plan (STP)** and contributes to the Integrated Assessment Framework. Our STP covers Bristol, North Somerset and South Gloucestershire. The key elements in the plan relation to this area are:

- Priority across BNSSG to improve access and waiting times for children and young people who need evidence based interventions for diagnosable mental health conditions, providing parity of esteem with physical services
- Building resilience through the delivery of training to non-specialist workforces to improve capacity and capability to support children and young people in community settings
- Services are part of the children and young people's Improving Access to Psychological Therapies Collaborative, but this needs to be developed in both specialist and wider children and young people's workforce
- Work towards a sustainable 24/7 urgent and emergency mental health service
- Provide community eating disorder services, compliant with access targets and independently accredited
- Improve access to and quality of perinatal and infant mental health care
- Deliver improved access to mental health support to children and young people at risk of or in the early stages of criminal justice involvement
- Ensure data quality and transparency - increase digital maturity to support interoperability of healthcare records

2 CURRENT STATE

NHS England currently commissions 9 inpatient beds plus day case beds (number under review) at AWP's generic Tier 4 Riverside Unit in Bristol that generally serves BNSSG. In the context of the wider transformation of emotional health, we plan to change the way we support and care for more complex cases.

Bristol and South Gloucestershire CCG and NHS England have recently reprocurd CAMHS community provision alongside CAMHS inpatient provision with the result of the same provider and specifications that includes joint out of hours psychiatric provision across the services.

The Departments of Health and Education published the 5 year 'Future in Mind' strategy in 2015. This requires us to:

- Ensure the support and intervention for young people being planned in the Mental Health Crisis Care Concordat are implemented
- Implement clear evidence-based pathways for community-based care, including intensive home treatment where appropriate, to avoid unnecessary admissions to inpatient care
- Include appropriate mental health and behavioural assessment in admission gateways for inpatient care for young people with learning disabilities and/or challenging behaviour

- By co-commissioning community mental health and inpatient care between local areas and NHS England to ensure smooth care pathways to prevent inappropriate admission and facilitate safe and timely discharge

The Five Year Forward View for Mental Health has set us the following ambitions:

- As a result of the investment in community based eating disorder teams, it is expected that use of specialist in-patient beds for children and young people with an eating disorder should reduce substantially
- By 2020/21, in-patient stays for children and young people will only take place where clinically appropriate, will have the minimum possible length of stay, and will be as close to home as possible to avoid inappropriate out of area placements
- Inappropriate use of beds in paediatric and adult wards will be eliminated
- All general in-patient units for children and young people will move to be commissioned on a 'place-basis' by localities, so that they are integrated into local pathways. As a result, the use of in-patient beds should reduce overall, with more significant reductions possible in certain specialised beds

3 OBJECTIVES

- Minimise Tier 4 admissions
- Eliminate OOA placements for non-clinical reasons
- Reduce clinical reasons for OOA placements
- Reduce length of stay in Tier 4
- Release savings which potentially can be invested in system wide work

Key themes in this work will be:

- Co-production of new models of care and pathways with CYP, their families and a range of stakeholders/professionals
- Consistency and transparency of pathways across BNSSG and BANES
- Principle of care as close to home as possible
- Delivery of Care and Treatment Review approach for children and young people with a learning disability and/or Autism.

Outcomes will include:

- Reduce the number of Tier 4 admissions for CYP across BNSSG and BANES CCGs

- Develop a crisis resolution and home treatment services to support CYP at home (in place in BANES)
- Minimise the disruption to education and family life by out of area placements
- Improve outcomes for CYP through staying in local area.

4 RISKS

- Rising demand for complex care, reviews and interventions
- Recruitment in the context of national shortages of skilled staff
- BANES has a different STP footprint to BNSSG
- Three different core CAMHS providers across patch
- Delay in national guidance release
- Capacity in stakeholders to fully engage

5 TIER 4 CAMHS WORKFORCE

In Bristol we have the Riverside Unit which provides **Tier 4 daycase and inpatient services**. The unit has 9 inpatient beds and day case beds and although a national provision generally covers the BNSSG and BANES footprint.

Bristol and South Gloucestershire CCG and NHS England have recently recommissioned community children's health services including CAMHS and Tier 4 through a joint procurement process. Out of hours on call psychiatry cover is jointly commissioned and jointly provided. Sirona has been awarded the contracts for both Tier 4 and CAMHS as prime provider with sub-contract with AWP.

Staff have told us that the issue of insufficient capacity in core CAMHS means the Bristol / South Gloucestershire Partnership Outreach Team pilot are unable to provide sufficient step down for children and young people with the community teams. It also means teams are more likely to refer into Tier 4.

In terms of workforce, we anticipate that this will require more capacity and capability to provide **crisis resolution and home treatment teams**. This will involve staff having the right skills and also have the right job plans, including working outside of the traditional working week.

6 NEXT STEPS

Development of this project in more detail is dependent on our local NHS England Specialised Commissioning colleagues receiving national guidance which is currently delayed.

The stages of this project will include:

- Audit and analysis of current Tier 4 admissions
- Identify themes, especially for OOA placements
- Identify vulnerable groups of CYP at risk of admission
- Develop a model of out of hours/ crisis resolution and home treatment service
- Agree joint commissioning approach
- Recruit staff and implement model
- Dovetail with adult mental health service developments to support delivery of out of hours intensive support

Currently there is a Partnership Outreach pilot with the voluntary sector in Bristol and South Gloucestershire that assesses and supports CYP who attend Emergency Departments following self-harm, they also undertake some intensive work for those who are at risk of Tier 4 admission and to allow early discharge. Learning from the Partnership Outreach Team pilot will support the future service model. This pilot model is currently being externally evaluated.

There appears to be three main broad groups of CYP who are being admitted to Tier 4:

1. CYP with eating disorders
2. CYP with challenging behaviour with autistic spectrum conditions
3. CYP who self-harm, can have challenging behaviour and can have attachment/trauma issues

We will do further work to understand the characteristics and needs of these three groups in more detail. This will inform the pathways we commission.

Bristol and South Gloucestershire have jointly commissioned intensive Positive Behaviour Support service with the local authorities so few children with Learning disabilities are admitted to Tier 4.

Work is underway to remodel and recruit to a new eating disorders service across BNSSG.

Bristol and South Gloucestershire CCG are bidding for funding to pilot an approach for children with autistic spectrum conditions without learning disabilities at risk of Tier 4 inpatient.

Bristol CCG are also bidding for funding to deliver personal health budgets for children in care /care leavers with mental health problems

Bristol, South Gloucestershire and North Somerset are moving towards one single commissioning voice with one senior management structure.

