



**Consultation guide:  
Proposed changes to the service  
specifications for tier 4 Child and  
Adolescent Mental Health Services  
(CAMHS)**

## **Consultation guide: Proposed changes to the service specifications for tier 4 Child and Adolescent Mental Health Services (CAMHS)**

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Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it.
- given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

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## 1 Introduction

- 1.1 Child and Adolescent Mental Health Services (CAMHS) Tier 4 services have been commissioned as specialised mental health services by NHS England since April 2013. Total expenditure on these services is approximately £285 million (circa 1,442 beds per annum). This represents approximately 14 percent of the NHS specialised commissioning mental health spend and 2 percent of the total specialised commissioning budget.
- 1.2 Over the past two years a lot of work has been undertaken to review and better understand the Child and Adolescent Mental Health Services (CAMHS) care pathway. Specifically, this review has focused on the challenges for children and young people accessing a range of Child and Adolescent Mental Health Services (CAMHS) Tier 4 specialised services and, importantly, what needs to change. The nationally commissioned Child and Adolescent Mental Health Services (CAMHS) Tier 4 Report (July 2014) and Future in Mind (March 2015) describe the outputs of this period of review and recommendations for change. As a consequence, new service specifications have been developed and existing specifications have been reviewed and updated by the clinical reference groups.
- 1.3 Nationally, specialised commissioners are considering a more strategic intervention in the market and a Mental Health Service Review programme has been established. This will take into account the objectives and recommendations from the following key policies and reports:-
  - Child and Adolescent Mental Health Services (CAMHS) Local Transformation Plans (LTPs)
  - Sustainability and Transformation Plans (STPs)
  - Transforming Care for People with Learning Disabilities and/or Autism with behaviour that challenges featured in Transforming Care Partnership (TCP) plans
  - The Five Year Forward View for Mental Health
  - New care models
- 1.4 By 2020/21, there will be a significant expansion in access to high quality mental health care for children and young people. At least 70,000 additional children and young people each year will receive evidence-based treatment, representing an increase in access to NHS funded community services to meet the needs of at least 35 percent of those with diagnosable mental health conditions.

## 2 Background

- 2.1 The nationally commissioned Child and Adolescent Mental Health Services (CAMHS) T4 review in 2014 identified significant challenges for children and young people in accessing a range of Child and Adolescent Mental Health Services (CAMHS) Tier 4 specialised services as close to home as possible. The review mapped the current capacity against local need and demand and concluded that there was insufficient capacity in some areas and that there was an immediate need to increase short term bed capacity for general Child and Adolescent Mental Health Services (CAMHS) Tier 4 services. As a direct result, additional beds were commissioned as part of a short to medium term solution. There was also a commitment to develop case management across the country and to ensure that the process of access to inpatient provision was equitable.
- 2.2 Since the expansion of beds in 2014 there has been a pause on opening the market further, except where quality or safety concerns have led to a need for such. Over the past two years a lot of work has been undertaken describing the context of the Child and Adolescent Mental Health Services (CAMHS) care pathway including the inpatient aspect, but rightly focussing on local, community provision. The Child and Adolescent Mental Health Services CAMHS Tier 4 Report (July 2014) and Future in Mind (March 2015) led to the development of Local Transformation Plans (LTPs) in each area which clearly articulated how local pathways would work effectively. These plans helpfully provided the context within which to make decisions about the requirements for Child and Adolescent Mental Health Services (CAMHS) T4 beds in a local context.
- 2.3 In March 2016, NHS England set up a Mental Health Service Review programme to support a detailed and comprehensive service review in relation to the following specialised mental health services:
- child and adolescent mental health inpatient services (Child and Adolescent Mental Health Services (CAMHS) Tier 4)
  - adult medium and low secure services
  - perinatal, inpatient mother and baby units and linked outreach services.
- 2.4 The national review is underpinned by an approach which sets out to strengthen the requirement for regional planning and delivery. There is a recognition that the national review needs to align with, and support the move to local commissioning/budget arrangements and the outputs of this work would need to be embedded within local systems. The approach is based on local ownership and delivery under the umbrella of national coordination and oversight.
- 2.5 It is vitally important that the work of the Mental Health Service Review programme supports the delivery of the key objectives and recommendations described in current and relevant mental health strategy and policy. It is also important that this work aligns closely with the work of the:

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- Transforming Care Partnerships (LTPs)
- Sustainability and Transformation Partnerships (STPs)
- new care models for Mental Health.

2.6 The aim of the Mental Health Service Review programme is to ensure that the right services are commissioned in the right place and can be accessed at the right time. It is important that these services, whilst specialised in nature, are integrated into local pathways. Wherever individuals live in England they should expect to have the same access to these services and that the services commissioned should be equitable in terms of the high quality care they provide.

2.7 The work of the clinical reference groups in reviewing, updating and developing the national service specifications for specialised services is key to enabling the delivery of the key objectives of the Mental Health Service Review programme. The service specifications describe the key requirements and standards for a service and will form the basis of contracts between NHS England and the providers it commissions to deliver these services.

2.8 NHS England is collaborating with local commissioners on all aspects of this programme. As these services are specialist in nature, it is important that there is national oversight of this process, but with a strong emphasis on local engagement and ownership. This process is nationally coordinated to ensure there are no parts of the country or patient groups without access to specific services. This review is being driven by local and regional teams, to ensure need and capacity is considered, based on local knowledge and intelligence.

### 3 The proposals

- 3.1 NHS England is committed to full, public consultation on any significant changes to existing service specifications or clinical commissioning policies and on all new documents. Consultation on a specification or policy can only begin if NHS England has considered the potential clinical, financial and service impact of any proposed changes.
- 3.2 The consultation and engagement objectives are:
- a) to enable Children and Young People (CYP) who use tier 4 Child and Adolescent Mental Health Services (CAMHS) services and their carers/families to participate and comment on the development of Child and Adolescent Mental Health Services (CAMHS) services and the related service specifications going forward
  - b) to ensure that engagement is appropriate to the audience and hears the voice of different groups who have a view and are impacted by these developments
  - c) to ensure that NHS England feeds back the results of patient and public involvement
  - d) to understand how children, young people and parents and carers would like to be involved in the future.
- 3.3 It is proposed that a full 90 day public consultation is undertaken in respect of the following five Child and Adolescent Mental Health Services (CAMHS) service specifications:
- General Adolescent
  - Psychiatric Intensive Care Unit (PICU)
  - Medium Secure
  - Low Secure
  - Forensic Outreach
- 3.4 The consultation will be run through the NHS England consultation hub and will elicit mainly quantitative data through the use of closed text submissions and some free text submissions. The exact questions to be asked in the consultation are described in Section 6 below. The majority of responses will be received electronically via a response platform hosted by the NHS England consultation hub with some responses coming in by letter or email.
- 3.5 To support the consultation, NHS England have commissioned Young Minds to lead on the engagement phase with support from the NHS England Patient and Public Voice team and Mental Health Service Review team members as appropriate.
- 3.6 Typically, Young Minds will utilise the following engagement methods:
- Focus groups with young people in Child and Adolescent Mental Health Services (CAMHS) inpatient services.
  - Individual interviews with young people.

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- Workshops with parents, carers, young people (when appropriate) and patient organisations in the north and the south.
- Surveys with parents/carers and young people who have used T4 services in the last two years.

3.7 The pre-consultation and engagement activity has included a stakeholder testing exercise which was undertaken in June 2016 and consisted of a sense-check for each service specification.

The key updates to the service specifications following this phase were as follows:

- Greater clarity regarding the inclusion of arrangements for the provision for Speech and Language Therapy assessment in specifications.
- Updating requirements regarding educational provision when a child or young person has an Education, Health and Care (EHC) plan, or statement of special educational needs.
- Reference to Future In Mind included in all specifications.
- Greater clarity included in the General Children's and General Adolescent specifications, with regard to exclusions for reasons of extreme behavioural disturbance.
- Consideration of a number of changes to the General Children's Specification on response times, access and admission for children detained under the Mental Health Act, which has resulted in the process being paused for this specification, pending further work by the clinical reference group.
- Clarification included on the entry pathways for the Secure Service specifications.
- Ensuring alignment on the Psychiatric Intensive Care Unit (PICU) Specification with the National Association of Psychiatric Intensive Care Units standards.



## 4 The case for change

- 4.1 NHS England is committed to full, public consultation on any significant changes to existing service specifications or clinical commissioning policies and on all new documents.

In respect of each individual service specification included in the consultation proposal, the case for change is as follows:

- 4.2 General Adolescent – This specification was strengthened with regard to a greater emphasis on a whole pathway approach. There is an increased focus on consideration of out of hospital care and the strong partnership working required with community teams and others that support discharge planning at the earliest opportunity as appropriate.
- 4.3 Psychiatric Intensive Care Unit (PICU) – New service specification and previous service requirements were described in an appendix to the General Adolescent Specification.
- 4.4 Medium Secure – Significantly updated to strengthen the focus on whole pathway working and the importance of a network approach to how the secure Child and Adolescent Mental Health Services (CAMHS) services are organised and delivered.
- 4.5 Low Secure – New service specification and previously service requirements were described in an appendix to the General Adolescent Specification.
- 4.6 Forensic Outreach – New service specification.

## 5 Why we are consulting

- 5.1 NHS England is committed to developing service specifications in an open and transparent way, and to ensuring that all specifications developed by NHS England are informed by as wide a range of views as possible.
- 5.2 The consultation and engagement process would like to hear from anybody with an interest in children's mental health inpatient and forensic outreach services
- 5.3 NHS England seeks to comply with the best practice consultation principles issued by the Cabinet Office in 2012.
- 5.4 NHS England seeks to remain open, engaged and transparent throughout the process for discharging its responsibilities for the direct commissioning of specific health services.
- 5.5 NHS England is committed to promoting equality and reducing health inequalities throughout the health service. Consultation provides the opportunity to gain information about any potential impact on health inequalities which might arise as a result of new or changed processes for making decisions about health services that are directly commissioned by NHS England. This information will feed into an Equality and Health Inequalities Analysis on this programme of work.

## 6 Consultation questions

6.1 The consultation will seek responses to the following questions:

1. To what extent do you agree that the specification clearly describes the service to be provided?

Please state any areas where you feel the description of services could be improved.

2. To what extent are you satisfied that all the relevant information for this service specification has been included?

Please state any information you feel needs to be included.

3. Are there any parts of the specification that are unclear and would benefit from greater clarification?

Please state any areas you feel are unclear within the specification.

4. Is it clear that the specification represents part of a whole patient pathway?

Please state where you feel it is unclear that the specification represents the whole patient pathway.

5. Are there any quality outcomes, that you feel are important to include, that are not already covered?

Please state any quality outcomes that you feel should be included.

Specific question for the Psychiatric Intensive Care Unit (PICU) Specification:

6. Can you envisage any problems with adherence to the new PICU timescale for expected length of stay (refer National Association of Psychiatric Intensive Care Units Standard)?

Views on future service models:

PICU specification:

7. Do you have any views on alternatives to PICU, i.e. high dependency unit provision within general adolescent services or earlier referral to a low secure unit?

General adolescent specification

8. To what extent do you feel there are adequate mechanisms in place in your locality: between Tier 4 commissioners (NHS England) and community Child and Adolescent Mental Health Services (CAMHS) commissioners (Clinical

Commissioning Groups CCGS); to ensure that crisis intervention, outreach and intensive home treatment services will be commissioned?

Please state any views on how the service specification can contribute to promoting equality and reducing health inequalities faced by service users.

Can you state any potential impact on specific groups?

Do you have any other comments?

## 7 Feedback and next steps

7.1 The consultation on proposed changes to the Child and Adolescent Mental Health Services (CAMHS) service specifications will be open for 90 days from the date consultation starts.

7.2 The outcome of the consultation process will be a report analysing the key themes and which will be subsequently published, providing an independent analysis of the responses received, with a supporting commentary.

NHS England will procure an external party to assess and analyse the responses, and produce this report. The key requirements of the consultation report are that it must:

- be in writing
- be objective and without bias
- be accessible and simple to read for a professional and lay audience
- provide a high level, but sufficiently detailed summary of responses received
- provide independent advice on the overall support or opposition to the proposed changes
- present the evidence to support the analysis and conclusions.

7.3 The analysis is likely to include:

- overall response rate by professional / patient group
- strength of support and opposition for the specific individual questions which we have asked, overall and by professional / patient group (quantitative and qualitative data)
- common themes that present, overall and within specific questions (quantitative and qualitative data)
- a summary of responses made by significant individual stakeholders who will be identified but they will be relevant professional associations (qualitative data).

7.4 People will want to understand what has happened or changed as a result of their input through this consultation. NHS England will provide feedback to patients and the public on the results of this engagement activity, referencing clearly what changed as a result of people's engagement.