

**Consultation Guide:  
Proposed changes to the service  
specification for Tier 4 Child and  
Adolescent Mental Health  
Services - General Children's  
Services**

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# **Consultation guide: Proposed changes to the service specification for Tier 4 Child and Adolescent Mental Health Services - General Children's Services**

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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, and
- 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 NHS England is responsible for commissioning Tier 4 Child and Adolescent Services Mental Health Services (Tier 4 CAMHS), nationally the spend on these services is circa £342m, representing approximately 18% of the total national specialised commissioning spend for mental health and 2% of the overall spend for specialised services. Currently there are approximately 1,449 Tier 4 CAMHS beds nationally covering all service types for children and young people aged up to 18.
- 1.2 In recent years a lot of work has been undertaken to review and better understand the Tier 4 CAMHS care pathway with a specific focus on challenges in access and importantly identifying what needs to change. In 2016-17 NHS England undertook a national review of demand and capacity resulting in an increase in capacity with 113 new beds opened during 2017/2018.
- 1.3 A national consultation exercise supported the development and publication of five new service specifications for Community Forensic CAMHS, general adolescent services (including eating disorders), psychiatric intensive care units (PICU), low and medium secure services.
- 1.4 Nationally, the recommendations and objectives of other key strategic policy documents and programmes have informed the work around the Tier 4 CAMHS strategy including:
  - Tier 1-3 CAMHS Local Transformation Plans (LTPs)
  - Sustainability and Transformation Plans (STPs)
  - The Transforming Care Programme for People with Learning Disabilities and/or Autism and Transforming Care Partnership (TCP) plans
  - The Five Year Forward View for Mental Health
  - The New Care Models Programme

## 2 Background

- 2.1 The 2016-17 Tier 4 CAMHS capacity and demand review was aimed at supporting regional commissioning teams to commission the right services in the right place at the right time and deliver equity of access.
- 2.2 Through this review significant challenges were identified for children and young people in accessing services as close to home as possible. It confirmed there was insufficient capacity in some geographical areas particularly in London and the South and of the 113 new beds opened by March 2018 to address the shortfall, 68 were in London and the South. Additional capacity is planned for other parts of the country with full implementation of all changes completed by 2020-21.

- 2.3 The capacity and demand review strengthened the requirement for regional planning (with national oversight) and delivery in recognition of the need to align with and support the move to local commissioning/budget arrangements and the integration of Tier 4 CAMHS with local services and pathways. The Report of the review was approved by NHS England's Executive Management Group and the Specialised Commissioning Oversight Group in December 2016.
- 2.4 It was agreed that the 3 national services (Children's, deaf services and medium secure services) would be reviewed in a second stage process and within this Children's and Medium Secure would be prioritised. The Children's Services element of the review is completed and work is underway to identify options for delivery against its findings.
- 2.5 The new capacity has and will continue to significantly improve local access and care pathways with young people able to stay closer to home, family, carers and community teams.
- 2.6 In a joint programme of work between the CAMHS Mental Health Service Review and Health and Justice Team, 13 new Community Forensic CAMHS Services are being rolled out nationally by the Regional Commissioning Teams.
- 2.7 A number of these are already fully operational, and all 13 services are due to be operational by September 2018. Alongside the work on capacity, a commitment to develop regional case management across the country was also made aimed at ensuring the process underpinning access to inpatient provision was equitable.

### 3 The Case for Change

- 3.1 In addition to the work on capacity, the national CAMHS Clinical Reference Group (CRG) has led work to review and update the national service specifications for Tier 4 CAMHS services.
- 3.2 National service specifications describe the requirements and standards for specialised services and form the basis of contracts between NHS England and the providers commissioned to deliver these services.
- 3.3 An initial period of stakeholder testing on revisions to a number of Tier 4 CAMHS service specifications was completed in 2016/17 as part of the overall consultation process; it identified that more work was needed on the Children's Services in the following areas:
  - Access and admission for children and young people detained under the Mental Health Act
  - Availability of services e.g. 24/7 provision
  - Service response times
  - The service specification for Children's Services

- 3.4 Following the stakeholder testing phase it was decided to delay the process for the Children's Services Specification and not to include it in the 90-day public consultation alongside the other Tier 4 CAMHS specifications. This decision has allowed more time to develop the proposed specification for children
- 3.5 The additional development time has also enabled the proposed specification to be informed by the capacity and demand review of Tier 4 CAMHS Children's Services, the key findings identified and the subsequent ongoing regional work in developing their strategies for the provision of these services.
- 3.6 In August 2017 the service specification for Community Forensic CAMHS was published and the specifications for General Adolescent services including eating disorders, Psychiatric Intensive Care Units, Low Secure and Medium Secure Services were all published in February 2018. A number of other specifications are still in the development phase including the specification for children's services for children and young people aged from 0-13 years.

## 4 Why we are consulting

- 4.1 NHS England is committed to developing service specifications in an open and transparent way, and to ensuring that the development of all service specifications are informed by as wide a range of views as possible.
- 4.2 NHS England is committed to conduct formal public consultations and engagement activities for national service specifications as part of its commitment to comply with the 13Q Duty to Consult. The consultation process also includes consideration of the potential clinical, financial and service impact of any proposed changes.
- 4.3 NHS England seeks to comply with the best practice consultation principles issued by the Cabinet Office in 2012, and 13Q duty to consult requirements. The Cabinet Office [code of practice for consultation](#) can be accessed here.
- 4.4 NHS England seeks to remain open, engaged and transparent throughout the process for discharging its responsibilities for the direct commissioning of specific health services.
- 4.5 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.
- 4.6 As part of the consultation process NHS England would like to hear from anybody with an interest in children's mental health services.

## 5 The Consultation Proposals

5.2 The consultation and engagement objectives for Tier 4 CAMHS Children's Services are to:

- a) enable Children and Young People (CYP) who use Tier 4 CAMHS and their carers/families to participate in and comment on the development of CAMHS services and the related service specifications going forward
- b) ensure that engagement is appropriate to the audience and hears the voice of different groups who have a view and are impacted by proposed developments
- c) ensure that NHS England feeds back the results of patient and public involvement to its stakeholders
- d) understand how children, young people and parents and carers would like to be involved in the future.

5.3 A full 60-day public consultation is planned in respect of the Tier 4 CAMHS Children's Services Specification. The consultation questions are set out in Section 6 of this Guide.

5.4 The public consultation will be run through the NHS England Consultation Hub and will produce mainly quantitative information through the use of closed text and some free text submissions.

5.5 The majority of responses will be received electronically via a response platform hosted by the NHS England Consultation Hub. Responses can also be provided through letters and email.

5.6 To support the consultation, NHS England have commissioned YoungMinds 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.

5.7 In 2016/17 YoungMinds led the design and delivery of the young people and parent/carer engagement as part of the 90-day public consultation process for the Tier 4 CAMHS service specifications subsequently published in August 2017 (Community Forensic CAMHS) and February 2018 (General Adolescent; Psychiatric Intensive Care; Low Secure, Medium Secure).

5.8 Parents and carers, young people and voluntary / charity organisations were able to share their views about the new service specifications through face-to-face workshops and online surveys. YoungMinds plan to build on this work with a new phase of engagement to enable harder to reach groups to be involved in reviewing the proposed Children's Services specification.

5.9 YoungMinds typically utilise engagement methods including:

- Focus groups with children and young people in CAMHS inpatient services.
- Individual interviews with young people.



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

5.10 In this phase YoungMinds will reach out to partner organisations including:

- Specialist health services providing services to individuals within the target groups:
- Voluntary and charitable organisations working with target groups
- Parent forums
- Children in care groups
- Disabled children's forums

5.11 The pre-consultation and engagement activity for the Children's Service specification included a 3-week stakeholder testing exercise completed on 19 April 2018 consisting of a 'sense-check' for the proposed service specification. The feedback from this is provided in Appendix 1; updates to the service specification following this phase included:

- General policy and reference updates e.g. Transforming Care and NICE guidelines to ensure the most up to date version is referenced.
- Providing additional clarity where needed e.g. age range covered.

5.12 The proposed Children's Specification has benefitted from changes agreed through the 90-day formal consultation conducted in 2017 including the extensive engagement piece undertaken by YoungMinds. You can read the outcome report from that consultation [here](#).

5.13 NHS England will be holding a number of regional face-to-face engagement events and WebEx events.

### Pre-consultation events

Date	Region/ Hub	Target Audience
21 May 2018	East Midlands	stakeholders
4 June 2018	West Midlands	stakeholders
7 June 2018	East of England	stakeholders
12 June 2018	South	stakeholders

### Consultation events

Date	Region/ Hub	Target Audience
22 June 2018	London	stakeholders
5 July 2018	North	stakeholders

**WebEx Events**

Date	Region	Target Audience
4 July 2018 9.00-10.00	National	stakeholders
17 July 2018 3.00-4.30	National	stakeholders

## 6 Consultation questions

6.1 The consultation will seek responses to the following questions:

1. To what extent do you agree that the proposed specification clearly describes the service to be provided? (a sliding scale of 1-5 which ranges from strongly agree, agree, neither agree/disagree, disagree, strongly disagree)

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 proposed service specification has been included? (a sliding scale 1-5: very satisfied, satisfied, neither satisfied/dissatisfied, dissatisfied, very dissatisfied)

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? (Yes/No).

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? (Yes/No).

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

5. What critical co-dependent services do you think should be considered for children with complex mental health problems, learning difficulties and autism when thinking about the physical location of services?

6. What arrangements and pathways should be in place to manage the severe and complex presentations that are not able to be admitted to the CAMHS General Children's Service or General Paediatric Services?

7. Are there any quality or patient experience outcomes that you feel are important to include, that are not already covered e.g. Outcome Rating Scale? (Yes/No)

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

8. 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?

9. Do you have any other comments?

## 7 How to get involved

7.1 You can participate in the consultation in a number of ways:

- Complete the [online survey](#)
- Email us: [England.specmh@nhs.net](mailto:England.specmh@nhs.net)
- Write to us:
  - Tier 4 CAMHS Consultation
  - Specialised Commissioning Mental Health Team
  - NHS England
  - Floor 3B
  - Skipton House
  - 80 London Road
  - London SE1 6LH
- Join a webinar (online meeting): details of these are available via NHS England's upcoming webinar's page
- Invite us: We are happy to attend meetings or events that you may be hosting to talk about these proposals - Please email us at: [England.specmh@nhs.net](mailto:England.specmh@nhs.net)

## 8 Feedback and next steps

8.1 The consultation on proposed changes to the Child and Adolescent Mental Health Services General Children's Service Specification will be open for 60 days.

8.2 The outcome of the consultation will be a report analysing the key themes with a supporting narrative; the report will be published on the NHS England website in due course.

8.3 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

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- provide independent advice on the overall support or opposition to the proposed changes
- present the evidence to support the analysis and conclusions.

### 8.4 The analysis is likely to include:

- overall response rate by professional/patient groups
- 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 such as relevant professional associations who will be identified (qualitative data).

### 8.5 People will want to understand what has happened or changed as a result of their input through this consultation. NHS England is committed to providing feedback to its stakeholders and as such 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 taking a 'you said we did' approach.

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Appendix 1 Stakeholder Testing Feedback

No.	Feedback	Action taken
1.	Accommodation issue - sign post	update
2.	Clarity regarding age range	update
3.	Update NICE references	update
4.	Transforming Care review for CETR references etc. and update	update
5.	Check general pathway statements are included from the GA spec as references relating to clarity on the whole pathway	update
6.	needs to include "liaison with local services for any planned leave – this will include sharing of risks management plan in case of crisis as well as at lower level of problems in order to manage the leave safely and effectively"	update
7.	Where the young person has a learning disability or autism every effort should be made to hold a Care, Education and Treatment Review (CETR) before admission.	update
8.	The premises and the facilities are young person and family friendly	update
9.	Greater clarity regarding liaison responsibilities in relation to looked after children & role of LA as corporate parents. Added in	Add in
10.	In addition, the needs assessment of the population and estimated population is brief and does not fully represent a business case to placing young children under 12 years old in a Tier 4 setting. Could this be strengthened within the service specification?	update
11.	Response times - are these working hours or actual hours?	confirm
12.	Delayed discharges- section would benefit to outline actions to be taken to ensure an appropriate discharge in collaboration with other agencies, rather than simply referring to an escalation process. It may be helpful to consult with key stakeholders and partner agencies on practice standards to facilitate a positive discharge.	Add in
13.	The specification would benefit from being more child and young person focussed and needs led, for example the assessment process described does not mention the views and presentation of the child, the family, or any other professional other than CAMHS.	Add in
14.	The Children and Young Person's Mental Health Service Information Passport may be a helpful part of this and can be found at <a href="http://www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2015/10/cyp-info-passport-yp-example.pdf">www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2015/10/cyp-info-passport-yp-example.pdf</a>	Add in
15.	The emergency assessment, is this 24 hours from referral? Is this the same for weekends and bank holidays?	confirm
16.	References to "practitioner psychologist" and "psychologist". Given that we are talking about children's units, and consistent with current QNIC standards we need to be using the term "clinical psychologist"	amend

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	<p>Comments Relating to outcomes</p> <ul style="list-style-type: none"> <li>• Numbers 107 and 108: These standards for gathering outcomes measures that comply with QNIC-ROM (which is about to undergo a revision and a name change – neither of these which undermine these comments, however) are a little too prescriptive – although the fact that QNIC-Rom itself is referenced does allow for some flexibility. Having a HONOSca score is important (and will be in the new QNIC-ROM), however services don't necessarily use all 3 (clinician, child, parent/care ratings) and rely on the clinician rating more. It is important to acknowledge that triangulated measures are best, but just because the HONOSca has these doesn't mean that they must be used. For example, having wording such as "a range of raters using HONOSca / other QNIC-ROM measures" would cover that.</li> <li>• Specifically related to the mention of GBOs – there are reservations which exist for their use in inpatient CAMHS. In contrast to community CAMHS work, there are so many goals that can change as part of an inpatient admission that measuring at two time points is problematic and it makes it very hard to compare across individuals. Whilst it is understood that child centred measures focussed on the individualised intended outcomes of a service intervention for each child are an important aspiration for services, this might be better identified as an aspiration that GBOs being identified at this stage as mandatory outcome measures.</li> <li>• The new QNIC-ROM, among other things, is working on standardising the way that measures used in inpatient CAMHS are used, given that they are actually designed as a community tool. So mentioning the QNIC-ROM again is a great way to increase comparability of outcomes across units. The new QNIC-ROM will be looking at how GBOs might be adapted for inpatient units, as they are not as quick and dirty to do as they are for community CAMHS.</li> </ul>	add to consultation question
17.	Use 'comprehensive multi-disciplinary team'	update
18.	In the section for children with a low weight eating disorder in addition to regular monitoring of weight we would like to see details of height and growth also being monitored as per NICE CG69	add in
19.	If this is a unit for children, then should we not refer to the client group throughout the documents as children, rather than young people?	update
20.	It talks about aim of discharging child back to CAMHS T3, should this not be more person centred and be more about stepping down care to enable daily living in the community?	clarified
21.	What about referrals from A&E	clarified
22.	easy read language for Children with a mild to moderate LD	update
23.	Replace the word "safe" – use an alternative such as when agreed goals are achieved?	check
24.	The crisis assessment and access assessment functions should be provided by a single team that may or may not offer other functions such as supported discharge care.	clarified
25.	Point needs rewording otherwise it looks like we should take social care problems as a primary reason	clarified
26.	Remove word recognized – and just have validated dynamic risk assessment?	update

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27.	Reduced lengths of stay do not always fit the needs of the young person – we would rather it were worded as optimizing lengths of stay rather than reducing.	amend
28.	We would say that a CAMHS team and care coordinator should be in place prior to admission and not just at discharge – the child should not bypass CAMHS to get into tier 4 inpatient services.	amend
29.	We would add NICE guidance NG10 – violence and aggression: the short term management in mental health; health and community settings 2015. You have it earlier in document but don't mention it here	update
30.	The statement – “Facilities which include rooms which are suitable for contact between young people and their families/carers, including siblings and are available at weekends and evenings. These should be in proximity to, but separate from the ward” – we do not agree with this as a requirement for all children – it is right to have separate areas where this is deemed essential for visiting but we feel a children's unit should be able to manage within the main area – lounge etc. so that parents/carers can have contact with each other. Segregating the unit off for visitors can make it feel more alienating and less homely for younger children.	amend