

CLINICAL PRIORITIES ADVISORY GROUP 2018

Agenda Item No	
National Programme	Mental Health
Clinical Reference Group	Tier 4 Child and Adolescent Mental Health
URN	

Title
Tier 4 Child and Adolescent Mental Health Services (CAMHS) Children's Services

Actions Requested	1. Recommend the adoption of the service specification proposition
	2. Agree as an in-year service development decision

Proposition
Routinely commissioned

The committee is asked to receive the following assurance:	
1.	The Head of Clinical Effectiveness confirms the proposal has completed the appropriate sequence of governance steps and includes an: Evidence Review; Clinical Panel Report
2.	The Head of Acute Programmes / Head of Mental Health Programme confirms the proposal is supported by an: Impact Assessment; Stakeholder Engagement Report; Consultation Report; Equality Impact and Assessment Report; Clinical Policy Proposition. The relevant National Programme of Care Board has approved these reports.
3.	The Director of Finance (Specialised Commissioning) confirms that the impact assessment has reasonably estimated a) the incremental cost and b) the budget impact of the proposal.
4.	The Operational Delivery Director (Specialised Commissioning) confirms that the service and operational impacts have been completed.

The following documents are included (others available on request):	
1.	Clinical Policy Proposition – not applicable
2.	Consultation Report
3.	Evidence Summary – not applicable

4.	Clinical Panel Report – not applicable
5.	Equality Impact and Assessment Report
6.	Integrated Impact Assessment

The Benefits of the Proposition			
<i>No</i>	<i>Metric</i>	<i>Grade of evidence</i>	<i>Summary from evidence review</i>
1.	Survival	Not measured	n/a
2.	Progression free survival	Not measured	n/a
3.	Mobility	Not measured	n/a
4.	Self-care	Not measured	n/a
5.	Usual activities	Not measured	n/a
6.	Pain	Not measured	n/a
7.	Anxiety / Depression	Not measured	n/a
8.	Replacement of more toxic treatment	Not measured	n/a
9.	Dependency on care giver / supporting independence	Not measured	n/a
10.	Safety	Not measured	n/a
11.	Delivery of intervention	Not measured	n/a

Other health metrics determined by the evidence review			
No	Metric	Grade of evidence	Summary from evidence review
		Grade A	n/a
		Grade A	n/a
		Grade A	n/a
		Grade A	n/a
		Grade A	

Considerations from review by Rare Disease Advisory Group
Not applicable

Pharmaceutical considerations
Not applicable

Considerations from review by National Programme of Care
POC Board support The proposal received the full support of the Mental Health Programme of Care Board on 25.01.17 Benefit of Service Specification: Please set out the material benefits that patients will receive following adoption and implementation of this specification – Tier 4 CAMHS Children's Services are one element of the Tier 4 CAMHS care pathway for young people aged 0-18 with mental disorders and neurodevelopmental disorders including learning disability and autism. The service specification proposal for Tier 4 CAMHS Children's Services cover ages up to the 13th birthday; it is a revision to the existing service specification. The specification is being revised as part of the update and refresh of the suite of Tier 4 CAMHS service specifications, a number of which were published in 2017-18. Children requiring care and treatment in Tier 4 CAMHS will benefit from being able to access services including, crisis management in the community, inpatient, day care and education. The greater emphasis on providing crisis management in the community as well as inpatient/day care and intensive interventions means patients will receive care in the least restrictive setting and nearer to home and are less likely to experience significant disruption to existing support networks, education and other activities in their daily lives. Lengths of hospital stays in Tier 4 children's services will be reduced as earlier discharges will be supported through increased connectivity to community based services commissioned by CCGs and local authorities. Closer integration between the inpatient and non-inpatient elements will enable patients to access and move through the care pathway more easily as their needs change delivering greater continuity of care. Implementation Service reconfiguration may be required in some regions to ensure capacity and care pathways meets local population need; it is anticipated that the South regions which currently have no Tier 4 CAMHS inpatient capacity for this age group will conduct a service modelling and procurement process to deliver the required changes. It is expected that South's regional implementation of their capacity changes will start from Q4 2019-20 and be completed by 2020-21.

SECTION 2 – IMPACT REPORT (Not included in CPAG Papers, section 2 only)

No	Item	N/Cost £K	Level of uncertainty
1.	Number of patients affected in England	156	
2.	Total cost per patient over 5 years	£47,900	Based on average 3 month stay. OBD price includes element of subsequent follow up
3.	Budget impact year 1	£0	Existing providers may incur some capital costs if required to make environmental adjustments to deliver the high dependency area. See Section B3.4 in the IIA. As a result there may be some minor revenue consequences associated with cost of capital; this will be determined and managed locally. NHS E's regional teams will need to agree with providers how any revenue impact of capital charges is to be met through existing budgets and the phasing of any required environmental changes.
4.	Budget impact year 2	£0	As above
5.	Budget impact year 3	£0	As above
6.	Budget impact year 4	£0	As above
7.	Budget impact year 5	£0	As above
8.	Total number of patients treated over 5 years	780	
9.	Net cost per patient treated over 5 years	£0	
10.	Estimated proportion of patients benefitting (%)	n/a	
11.	Total cost per patient benefitting over 5 years	n/a	
Key additional information			
<p>The service specification itself will not drive additional revenue costs.</p> <p>Regional commissioners have conducted a review of current capacity to deliver care to patients within their originating geographical area. The regional budget attached to out of area placements will be used to manage the revenue impact of developing additional or new local capacity across the Tier 4 CAMHS pathway where this is</p>			

required; however some double running costs may be incurred.

NHS England recognises that there may potentially be capital costs for providers associated with the service specification related to requirement for high dependency areas in the inpatient element of the service; this is reflected in the Integrated Impact Assessment accompanying the specification. Capital costs are expected to be minimal for the majority of providers with any revenue impact managed within existing commissioning budgets.

Regional commissioners will work with providers to complete a baseline assessment of any environmental adjustments that are required to deliver the high dependency area requirement (not all providers will require adjustments) and agree remedial action including arrangements to meet any associated costs over a period of time.