

# Tier 4 Review Findings

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# Commissioning Tier 4 CAMHS Services

- Following passage of HSC Act responsibility for commissioning tier 4 CAMHS inpatient services and some highly specialised ASD services transferred to NHS England from April 2013 (became so-called prescribed services)
- Some Tier 4 CAMHS previously nationally commissioned – bid for Tier 4 CAMHS children’s units to be nationally commissioned
- Pre April 2013 – variable arrangements for much of Tier 4 – from ‘spot purchasing’ to areas where groups of PCTs/SCG collaborated to commission the care pathway

# The Tier 4 Review

- Commissioned by the specialised commissioning oversight group (SCOG) within NHS England to provide more accurate picture of the current usage of Tier 4 and issues for inpatient services
- Focus on Tier 4 CAMHS for practical reasons although with an understanding that Tier 3 and social care issues impact
- Aim was to describe the current situation and analyse data from providers and commissioners to inform any further work

## Reasons for the Review

- Concerns re quality/safety in some providers
- Concerns re access (i.e. capacity, availability, timeliness, distance from home for some children and young people)

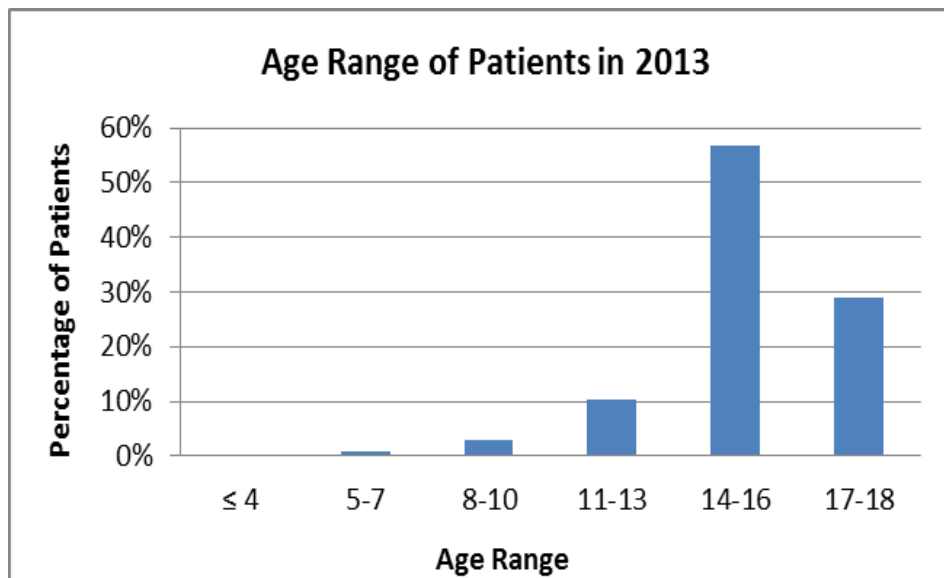
## The method

- Independent steering group
- Data collection and analysis was led by the CCQI
- A survey was sent out to all inpatient CAMHS providers in England – where possible compared 2012-13 and 2013-14 data
- Ten area team leads who look after specialised commissioning also completed 10 case studies following patient journeys (100 in total)

# How many beds are there in England?

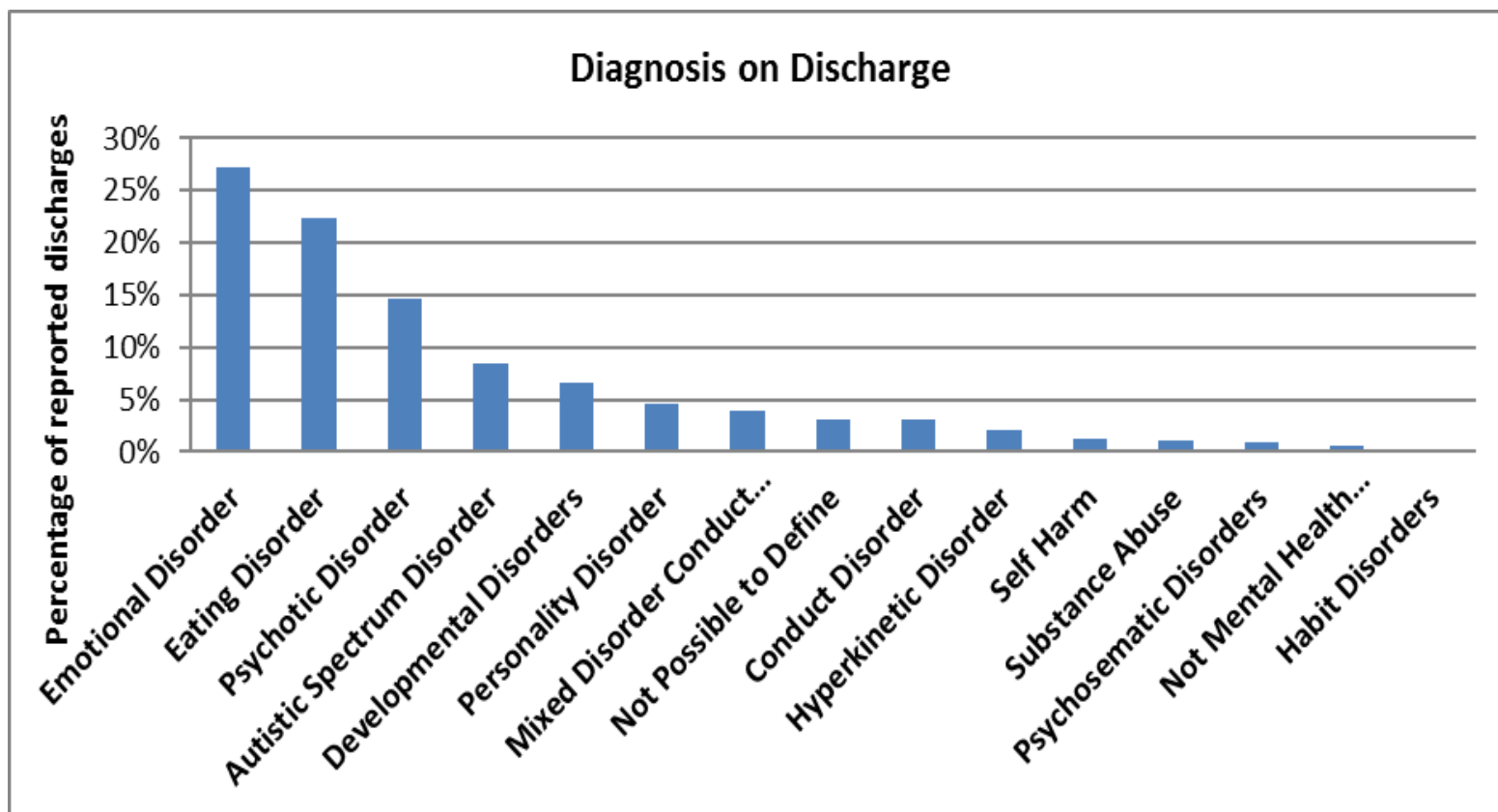
- In 2014 - 1264 beds identified in the report commissioned by NHS England
- These are:
  - 618 General CAMHS
  - 232 Eating disorders
  - 141 Low secure
  - 92 Learning disability
  - 92 PICU
  - 47 HDU
  - 42 Medium secure
- An additional 65 un-commissioned beds nationally (mostly over 13s general CAMHS and ED)

# Who was admitted?



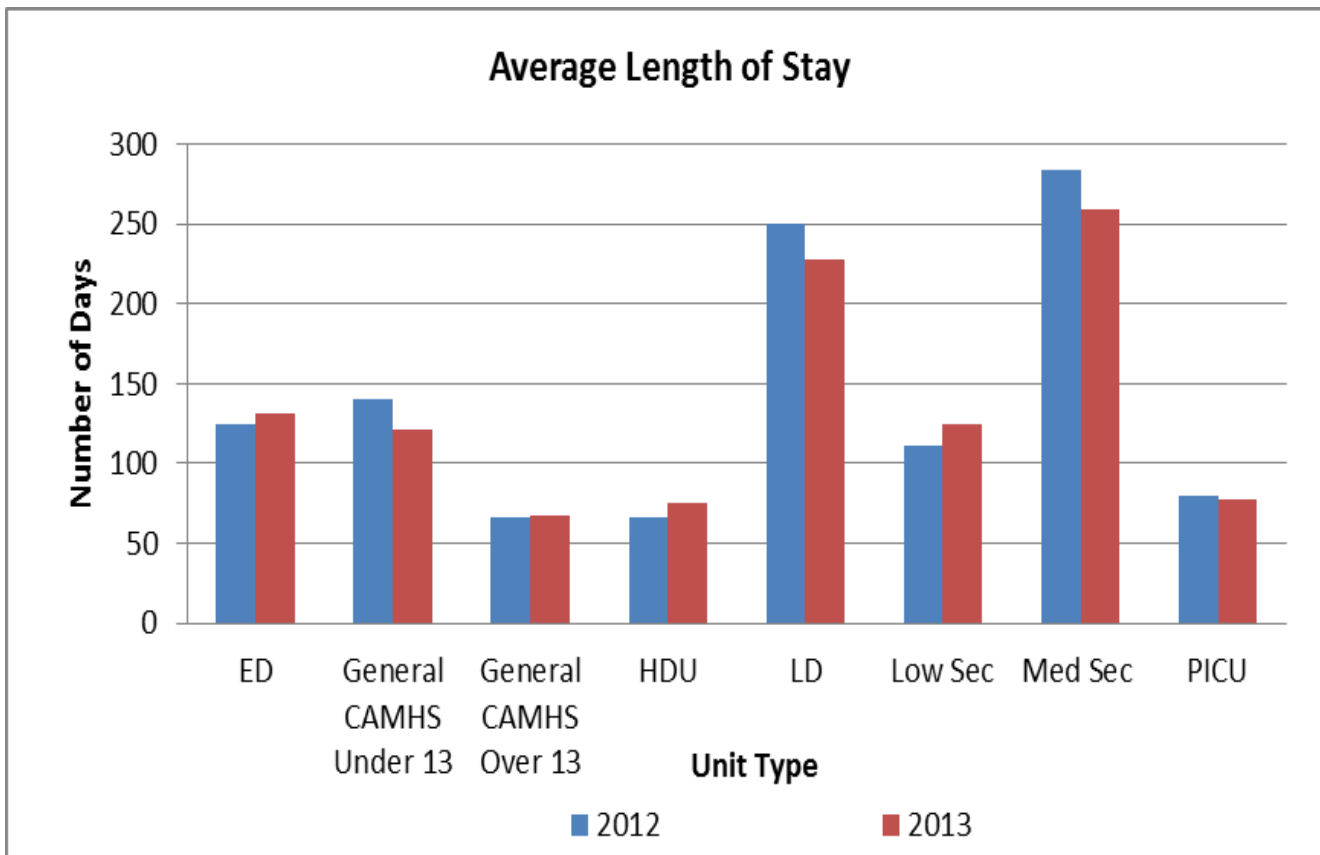
Case history information – number of cases	Yes	No	Don't know
Young Person had had a previous Tier 4 admission	38	60	2
Young Person was known to social services	47	53	3
Looked After Child	13	87	

# What's their primary diagnosis?

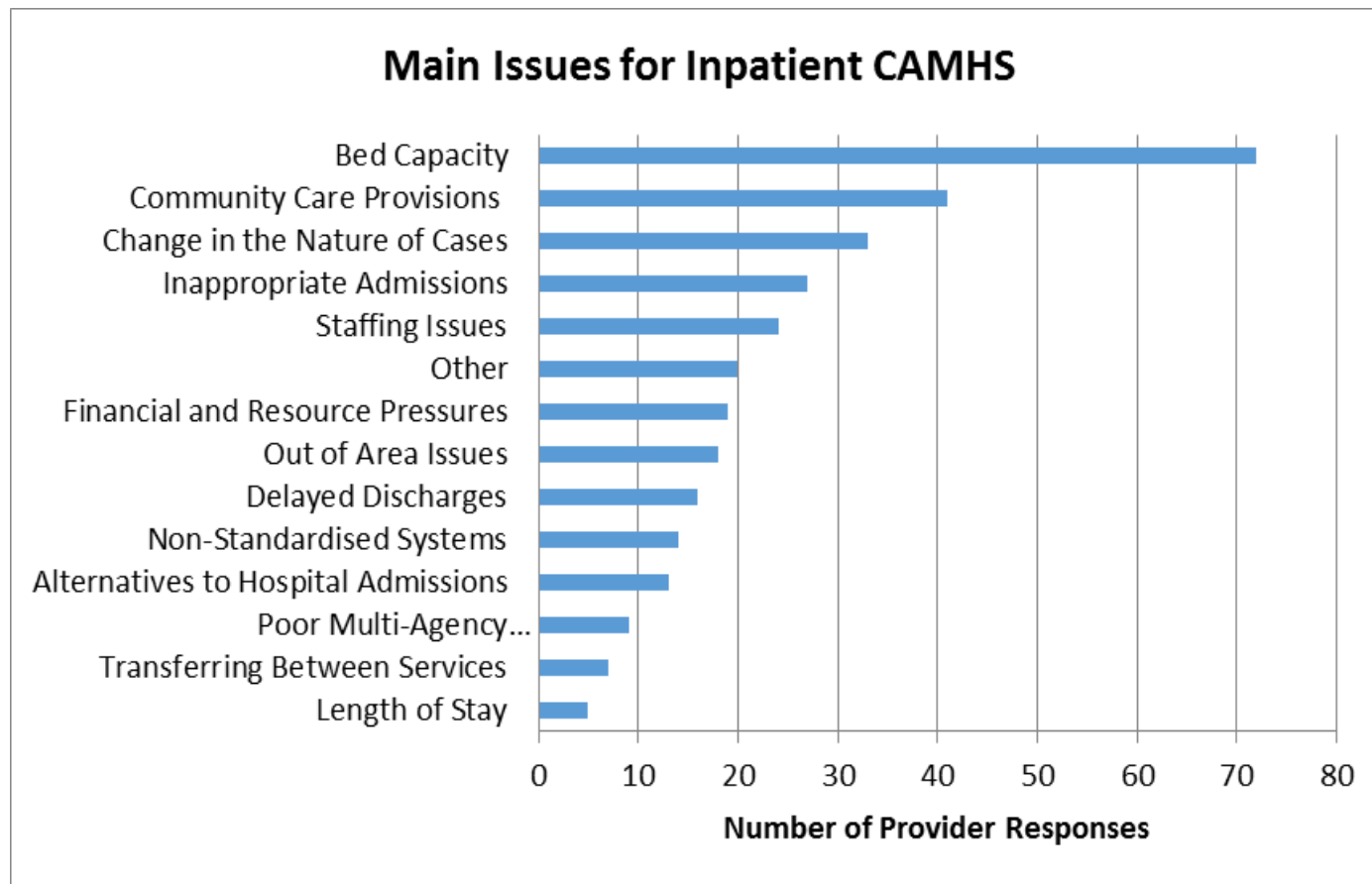




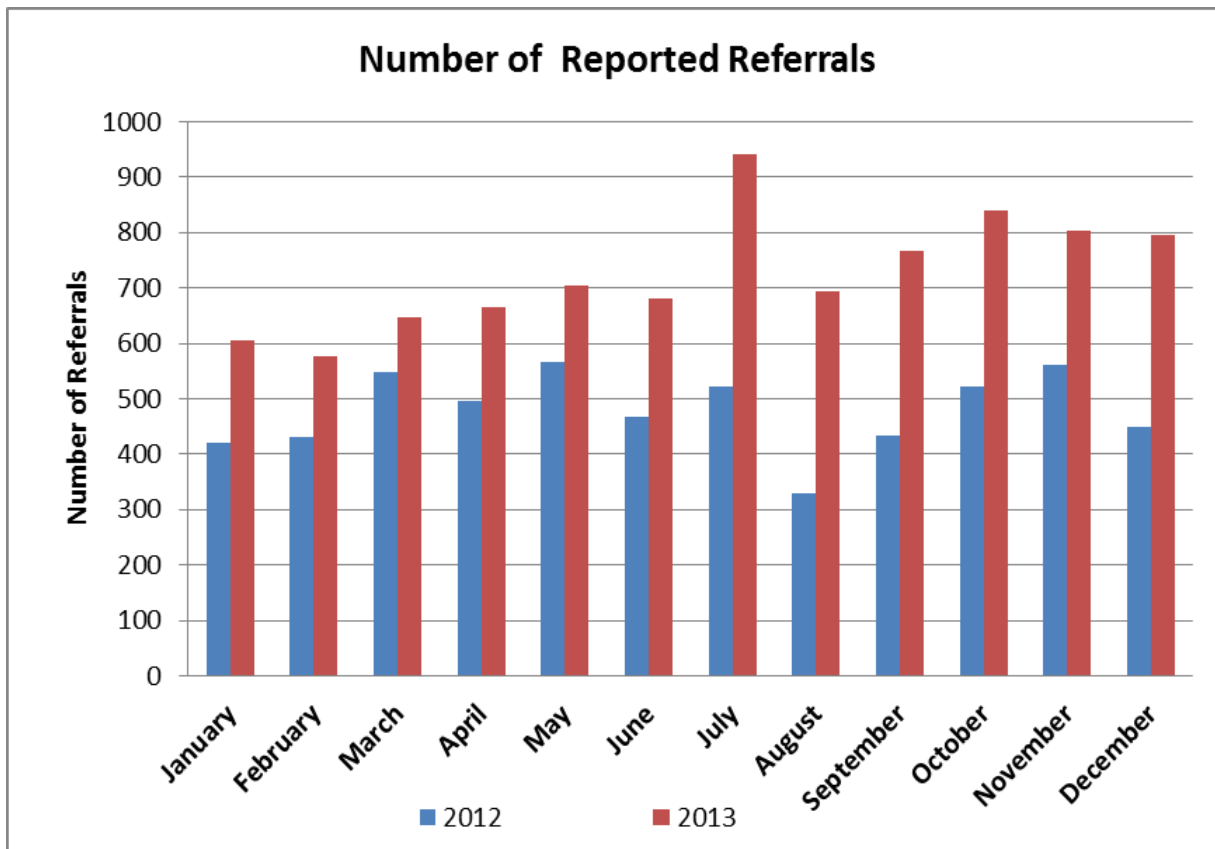
# Length of stay



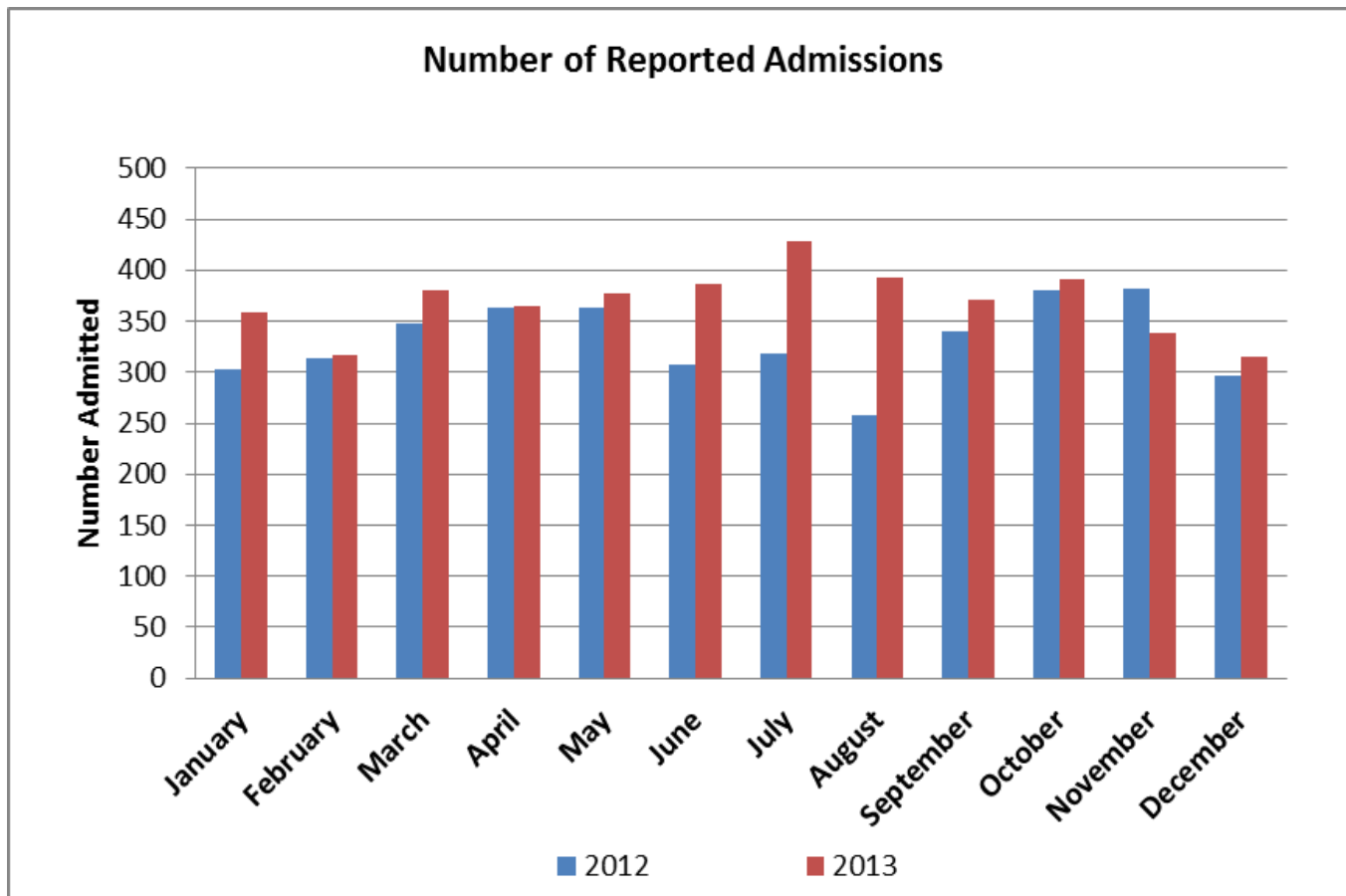
# Main Issues for Inpatient CAMHS



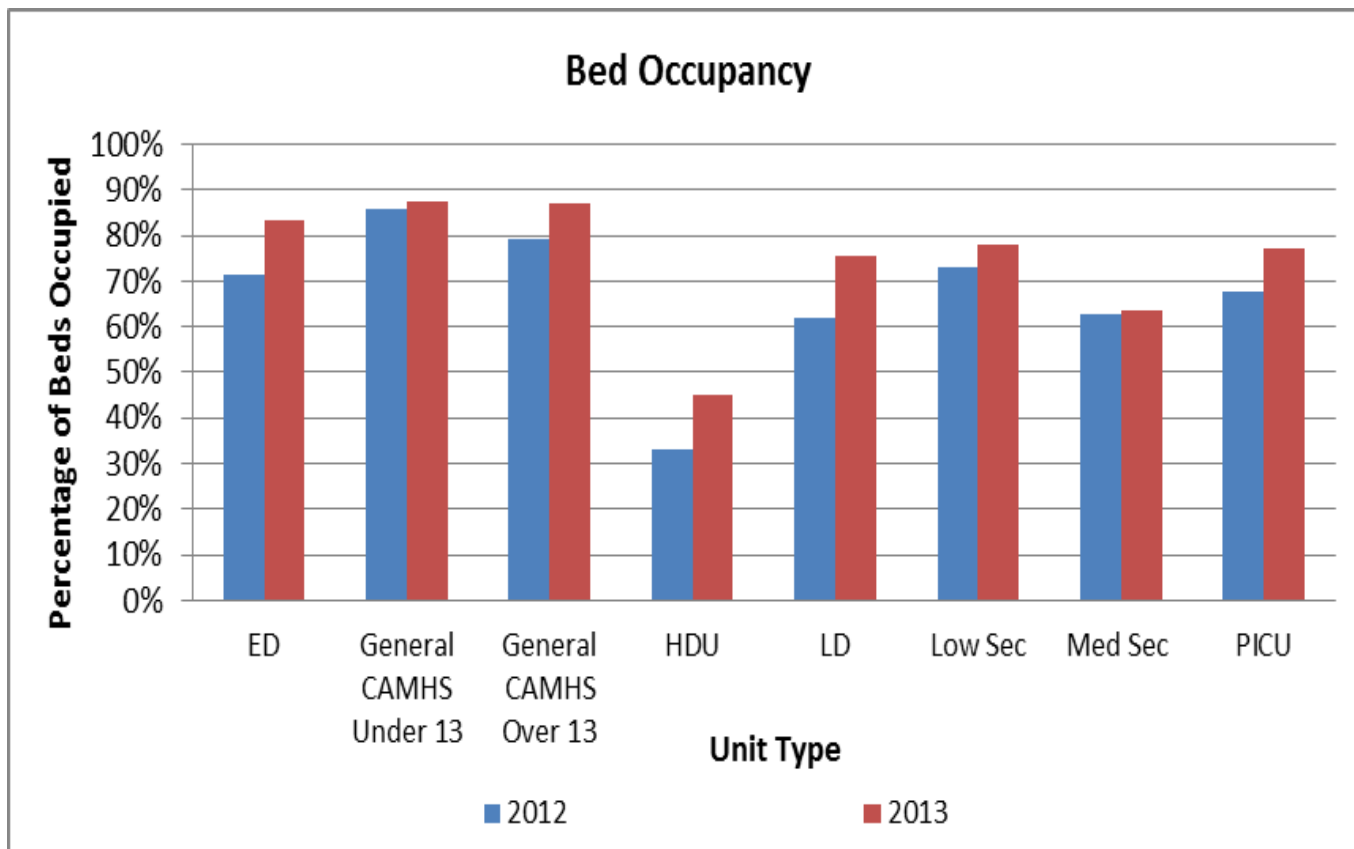
# Referrals



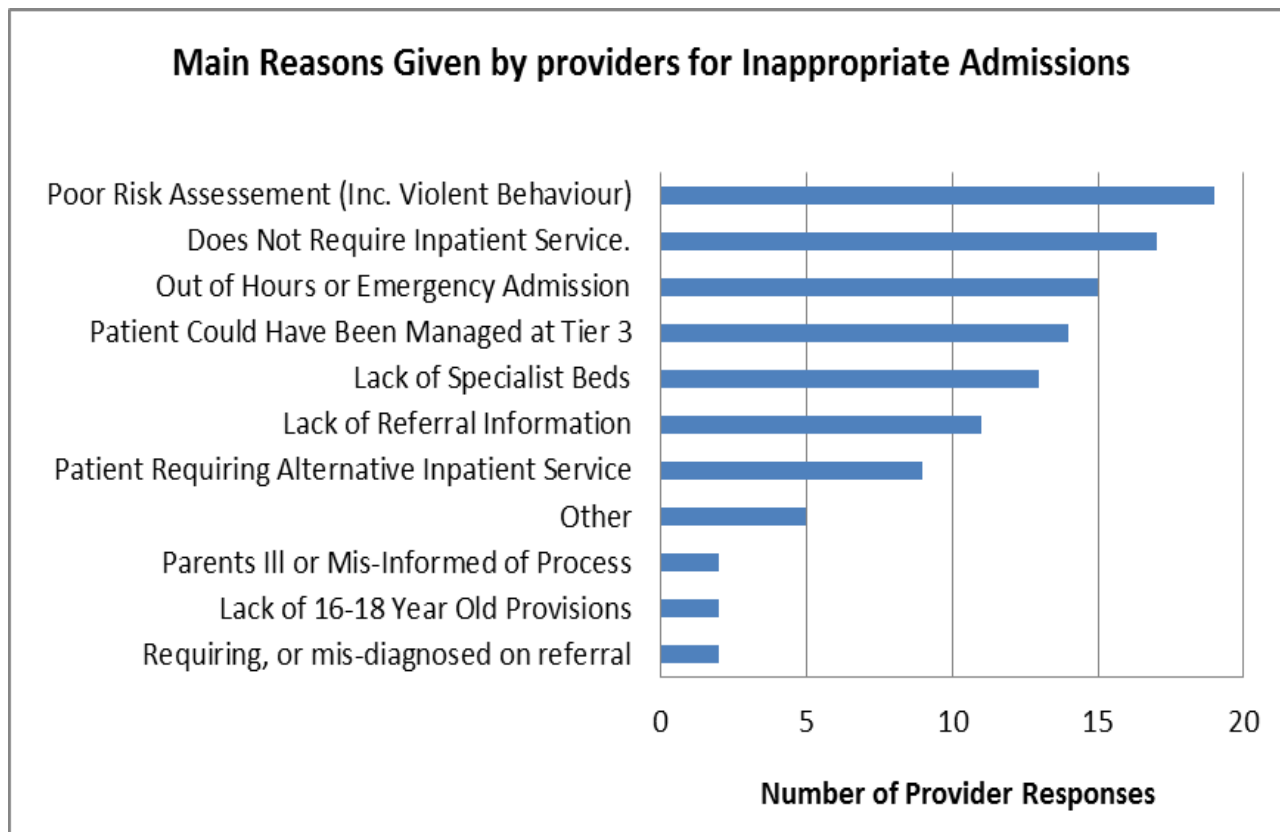
# Admissions



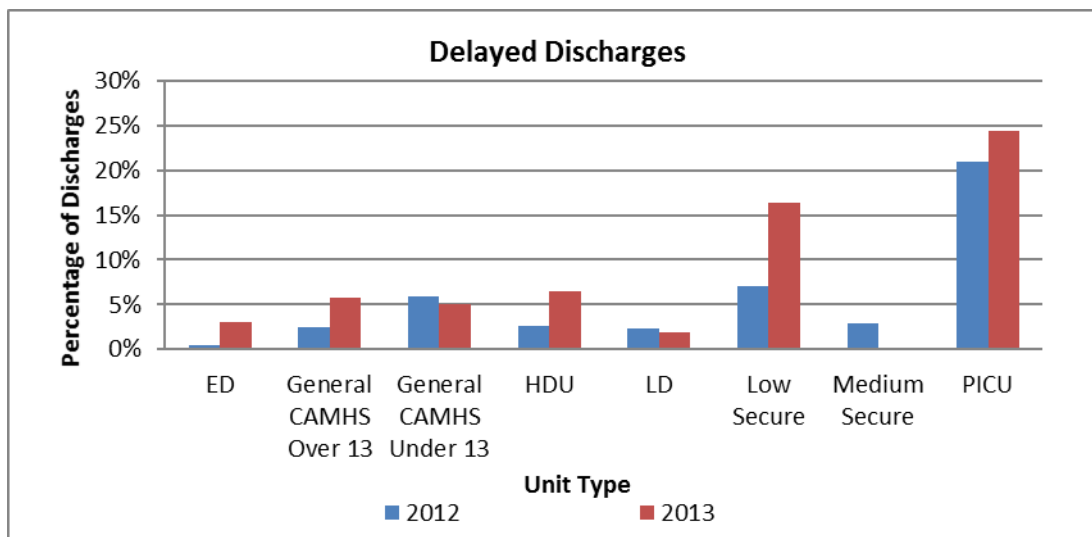
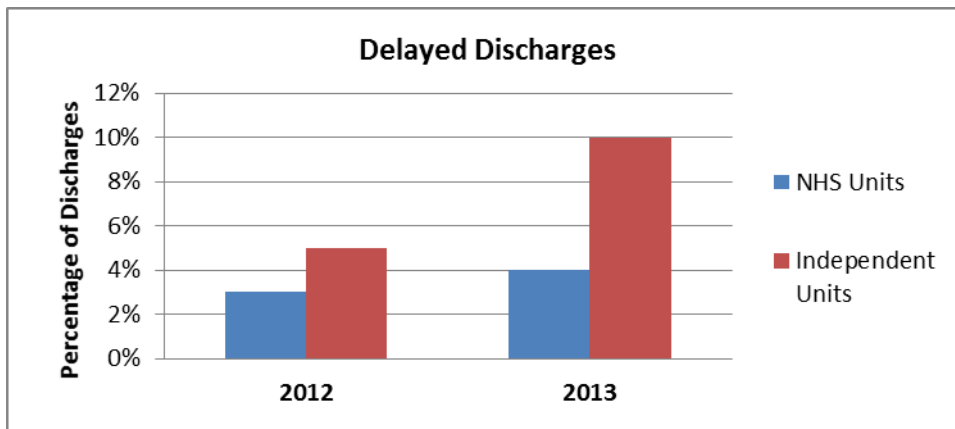
# Bed Occupancy



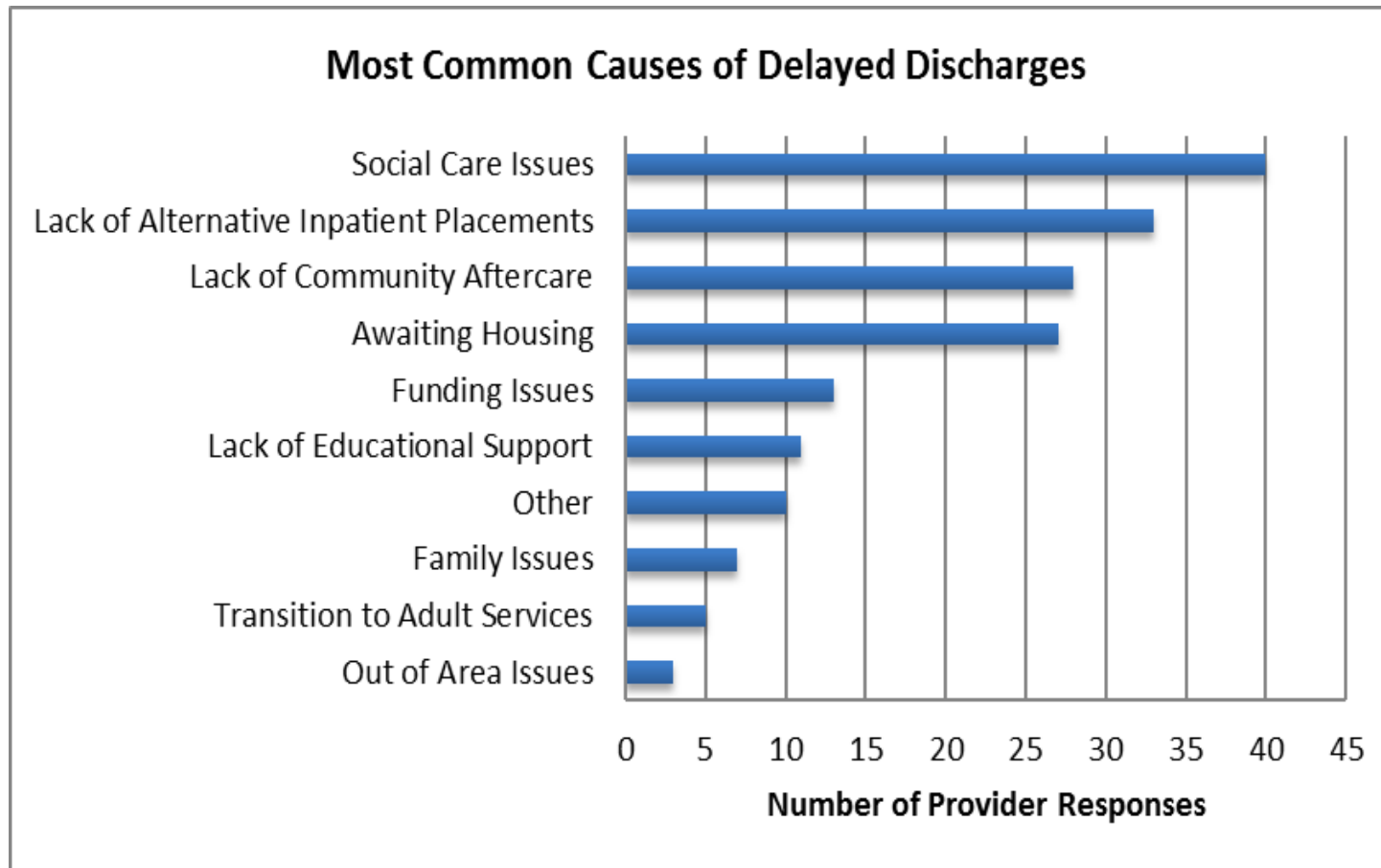
# Main reasons given by providers for inappropriate admissions



# Delayed discharges

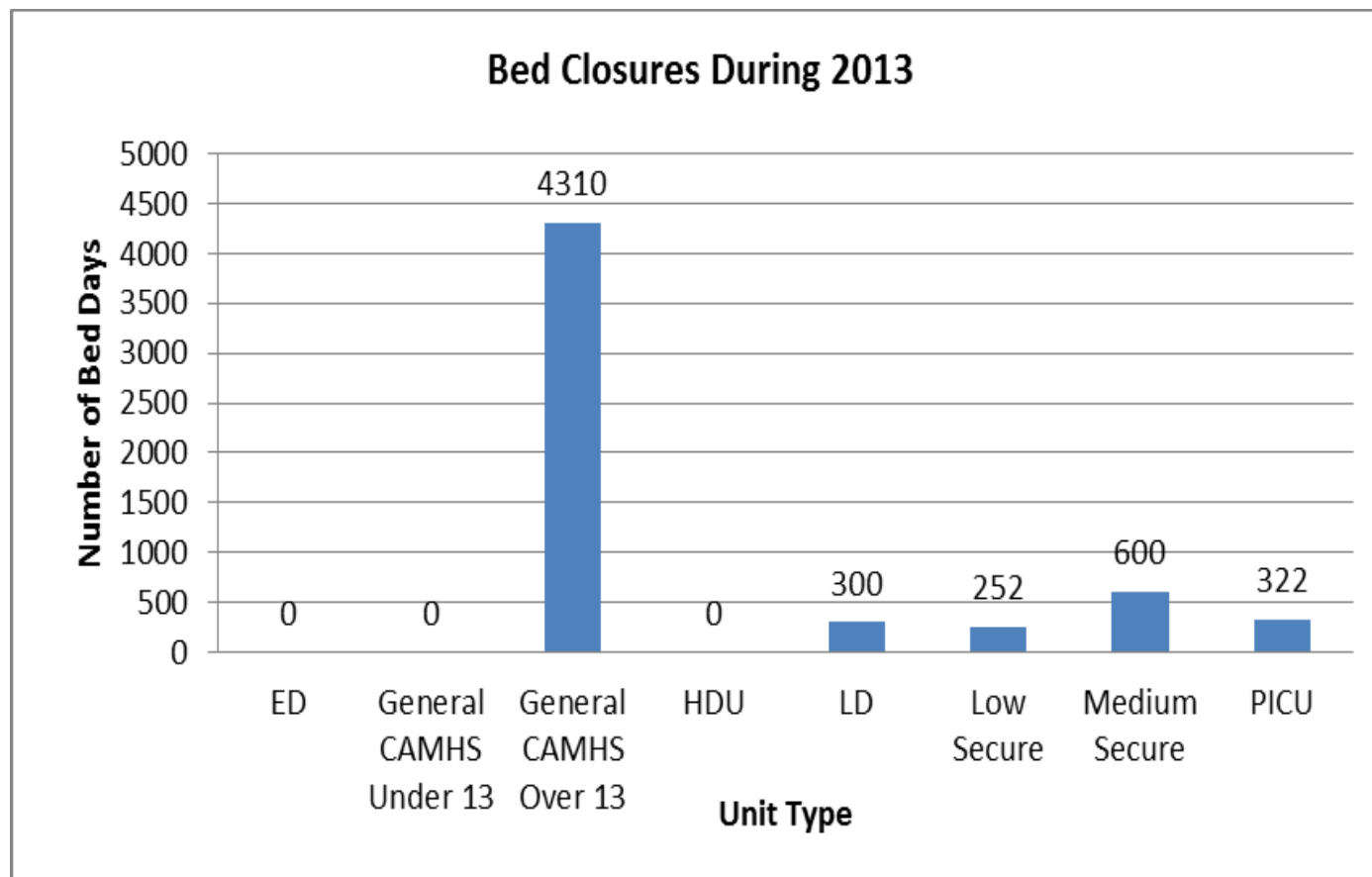


# Most common causes of delayed discharges

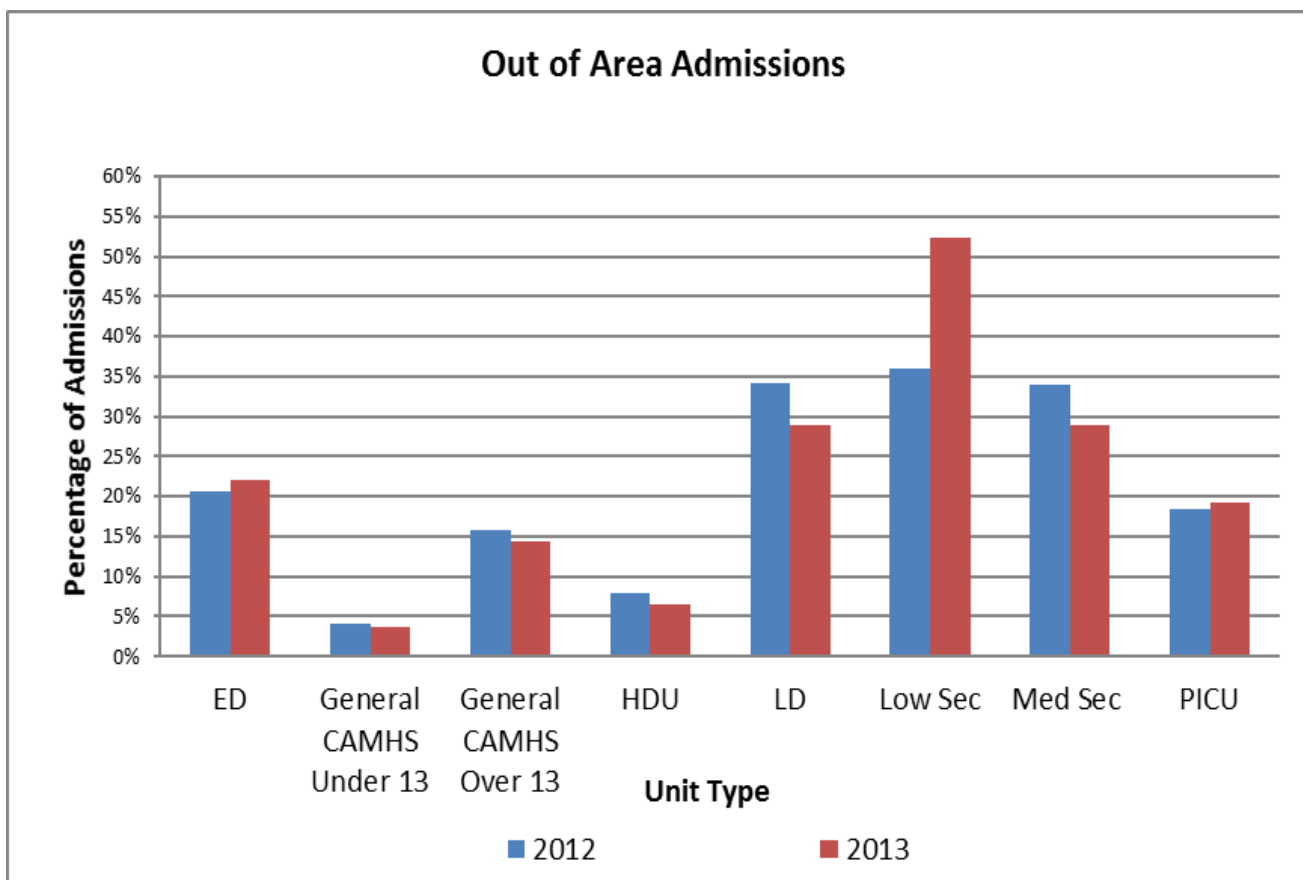




# Bed closures during 2013



# How many young people travel out of area for a bed?



## Out of area placements

- No reliable data from the old commissioning arrangements to compare with
- Those who travelled over 100 miles were predominantly from large geographical areas with limited bed provision – this would have been the same before the change to specialised commissioning
- Of 37 from commissioner case studies admitted out of area, 13 required a specialist bed

# What has happened since the review ?

- Appointment of case managers – evidence that they have improved ‘flow’ through the system
- Increase in number of general and PICU beds in areas identified as being underprovided
- Weekly update shows there are now more beds available nationally although there are fluctuations in need experienced by areas and in particular fluctuations in sub speciality needs
- Introduction of standardised referral / access assessments (to ensure greater consistency)
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- Co-commissioning pilots
- Future in Mind

# Why eating disorders transformation ?

- Evidence that effective community treatments
- BUT still reliance in many areas on inpatient care
- **COULD WE BOTH IMPROVE OUTCOMES and MAKE MORE EFFECTIVE USE OF INPATIENT CAPACITY ??**