Mental Health Policy

Implementation Guidance for Child and Adolescent Mental Health Services

Commissioning the NHS-funded Component of Child and Adolescent Mental Health Services
Welsh Assembly Government

Commissioning the NHS-funded Components of Child and Adolescent Mental Health Services

Guidance

<table>
<thead>
<tr>
<th>Contents</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Introduction</td>
<td>3</td>
</tr>
<tr>
<td>2. The Four Tier Strategic Concept for Planning, Commissioning and Delivering Child and Adolescent Mental Health Services</td>
<td>4</td>
</tr>
<tr>
<td>3. Commissioning Mechanisms for the NHS components of Comprehensive Child and Adolescent Mental Health Services</td>
<td>8</td>
</tr>
<tr>
<td>4. Conclusion</td>
<td>12</td>
</tr>
</tbody>
</table>
GUIDANCE FOR COMMISSIONING
CHILD AND ADOLESCENT MENTAL HEALTH SERVICES

1. Introduction

1.1 The Minister for Health and Social Services launched the strategy for child and adolescent mental health Services (CAMHS) ‘Everybody’s Business’ in September 2001. Earlier this year, she announced an Implementation Group (IG) to take forward the CAMHS strategy.

1.2 The fundamental thrust of the strategy is that CAMHS are not just the responsibility of, or only provided by the NHS; but are a multi-agency responsibility. Comprehensive CAMHS should be provided jointly by the health, education and social services in the statutory sector working together with non-statutory and voluntary sector services. As from 1 April 2003, implementation of the health services elements of the strategy must occur within the altered structure of the NHS. This document is restricted to providing a system for and advice about commissioning the NHS component of comprehensive CAMHS.

1.3 The commissioning cycle for child and adolescent mental health services is generally little different from any other aspect of healthcare and must be included and synchronised with the commissioning of general services for children.

1.4 The Welsh Assembly Government’s guidance on commissioning NHS services applies as much to CAMHS as to other aspects of healthcare. Not to include child and adolescent mental health services within the generic guidance may prejudice these services and perpetuate some of the difficulties encountered in the past in ensuring their priority. However there are a number of issues that require particular attention to ensure that guidance adequately reflects the complex relationships that exist in planning and delivering child and adolescent mental healthcare.

1.5 Our concept of CAMHS is inclusive. We take the term CAMHS to mean all of the services provided by all sectors that impinge on the mental well-being, mental health problems and mental disorders or children and young people before their majority. Thus, we use the term CAMHS to refer to the whole enterprise and to include services that do not have mental health or providing for children as their sole or key tasks. Specialist CAMHS depicts those services that have a particular role and expertise relating to child and adolescent mental health.

2. The Four Tier Strategic Concept for Planning, Commissioning and Delivering CAMHS

The Definitions and Functions of the Tiers

2.1 The CAMHS Strategy describes a four-tier concept for CAMHS services and commissioning is described against these tiers. They are:

Tier 1 Primary or direct contact services
Tier 2 First-line specialist services provided by professionals from Specialist CAMHS whose primary role is mental healthcare
Tier 3 Second-line specialist services provided by teams of staff from within Specialist CAMHS
Tier 4 Very specialised interventions and care (this includes inpatient psychiatric services for children and adolescents)

The four tier strategic approach, is the basis of the commissioning process for CAMHS. The following paragraphs detail what functions should be provided at all tiers and details of the structures to be provided in each of Tiers 1 to 4. Tiers 2, 3 and 4 are usually referred to as Specialist CAMHS.

All Tiers

2.2 All tiers should provide the following functions:
- Promotion of social inclusion;
- Child protection;
- Assessment and intervention;
- Provision of information, advice and consultation;
- Contributions to mental health promotion, preventative and early intervention programmes;
- Management of the care of children and young people across the sectors, agencies and departments according to their assessed needs;
- Mechanisms for ensuring that children and young people who are assessed as having disorders are offered further assessment and intervention at the level and by the services that can, together or separately, most appropriately, acceptably and effectively meet their needs;
- Liaison within sectors, agencies and services;
- Facilities to cascade education, training and teaching to other services that require them;
- Audit of processes, use of resources and outcomes for children and young people;
- Opportunities to undertake research; and
- Supervision, mentoring, appraisal and continuing professional development (CPD) and/or continuing managerial development for all staff.
Tier 1

2.3 The staff who provide Tier 1 services include GPs and many other primary healthcarers including, for example, health visitors, school nurses and staff in the social care and education sectors. Importantly, they also include staff of a variety of services in the non-statutory and voluntary sectors. The strategy identifies the core functions of Tier 1 as being:

- Identifying mental health problems and mental disorders early in their development;
- Providing general advice and treatment for less severe problems;
- Ensuring that children, young people and families are referred to other agencies within Tier 1 or to other tiers within the specialist services where and when this is appropriate;
- Continuing to provide services for children, young people and families in co-ordinated partnership with other services including the specialist services;
- Providing the primary care component of care programmes for individual children and their families that are shared with Specialist CAMHS, and/or other healthcare services and/or other agencies; and
- Pursuing opportunities for mental health promotion and problem prevention through identification of risk factors and taking opportunities to reduce them and taking steps to promote the resilience of vulnerable children, young people and families.

2.4 In order to discharge these responsibilities, staff who provide Tier 1 services require training, consultation and support from Tier 2 and ease of access for referral of individuals to it. Tier 1 cannot develop or thrive without effective, accessible and supportive Tier 2 activities provided by Specialist CAMHS. In the future, a greater contribution to both Tier 1 and Tier 2 services to support Tier 1 could be provided by suitably focused projects run by the voluntary sector.

The General Aims of the Specialist Services at Tiers Two and Three

2.5 Tier 2 and 3 functions and activities may usefully be distinguished for planning and development purposes at the commissioning level. In practice, it is often difficult to separate delivery of many of the functions that can be ascribed to Tiers 2 and 3. Therefore, attention is drawn to some over-riding aims for both of those tiers followed by a description of each.

2.6 Specialist CAMHS in each area should:

- Be active partners with other agencies and parents/carers in promoting children's mental health;
- Support staff who work with children across all agencies at Tier 1 to develop their own skills in identifying children's mental health problems and disorders and in seeking advice or referral on when appropriate;
• Provide a multi-agency input at both tiers as part of the local joint CAMHS strategy;
• Work in partnership with other statutory and voluntary agencies concerned with children and parents;
• Offer services that meet appropriately the needs of children and young people who come from a diverse range of backgrounds;
• Offer services in a range of locations that are appropriate for work with children and young people;
• Seek the views of users of the services (both adults and children) and take them into account when planning interventions and services;
• Provide comprehensive and timely assessments of children's mental health in the context of their relationships with their family/carers, school and community;
• Offer appropriate and effective short-term and longer-term interventions for children, young people and their families, including multi-disciplinary input when required;
• Refer children and families to more specialist services when appropriate; and
• Contribute to identifying unmet need and to provide designated services for vulnerable groups, where and when appropriate.

Tier 2

2.7 In addition to the functions of all tiers, the core activities of Tier 2 include:
• Delivery of services in support of Tier 1 through provision of:
  o Training;
  o Advice; and
  o Formal and informal consultation;
  There is a variety of ways in which innovating Specialist NHS CAMHS are delivering these activities. One approach is by providing Primary Mental Health Workers.
• Staff of non-specialist services and staff of Specialist CAMHS coming together to work closely with each other (rather than in liaison or good communication which, ordinarily, is taken to be good practice at all tiers) around certain identified young people in the planned delivery of their care;
• Contributing to provision of health promotion, early recognition and education services through:
  o Advising other agencies about their design, delivery and evaluation of universal and selective health promotion and education programmes;
  o Designing, delivering and evaluating some selective and indicated health promotion and early intervention programmes (often in community settings);
• Provision of support to other specific services e.g. YOTS and advice to SSDs in delivering care to ‘looked after’ children;
• Provision of first-line specialist assessments and interventions directly with referred young people delivered by staff who have been specifically trained for the purpose; and
• Ensuring that children and young people who require services at Tiers 1 and 3 receive them in timely and co-ordinated ways.

2.8 The first-line clinical services provided at Tier 2 should include providing:
• Generic CAMHS assessments (including triage, and risk assessments); and
• Short to medium term interventions delivered by staff in locally accessible settings.

2.9 In addition to the functions of all tiers, the core activities of Tier 3 include:
• Delivery of services in support of Tier 2 through provision of:
  o Training;
  o Advice; and
  o Formal consultation;
• Staff of Tiers 1, 2 and 3 Specialist CAMHS coming together to work closely with each other (rather than in liaison or good communication which, ordinarily, is taken to be good practice at all tiers) around certain identified young people in the planned delivery of their care;
• Contributing to provision of health promotion and early recognition and education services through:
  o Advising other agencies about their design, delivery and evaluation of universal, selective and indicated health promotion, education and early intervention programmes;
  o Designing, delivering and evaluating some indicated health promotion and early intervention programmes (often in clinic and other more formal settings);
• Provision of second-line specialist assessments and interventions directly with referred young people delivered by staff who have been specifically trained for the purpose;
• Provision, on particular contracted bases, of specialised services in support of regional NHS specialist children’s services (e.g. burns, plastic surgery and neurological, neurosurgical and brain injury services);
• Provision, on particular contracted bases, of specialised services in support of children placed by local authorities and the youth justice system away from their home area;
• Provision of specialised peripatetic forensic mental health outpatient services;
• Ensuring that children and young people who require services at Tiers 1, 2 and 4 (some simultaneously with Tier 3 functions) receive them in timely and co-ordinated ways; and
• Provision of out-of-office hours, emergency, rapid response and on-call services.
Tier 4

2.10 In addition to the functions of all tiers, the core activities of Tier 4 include:

- Delivery of services in support of Tiers 2 and 3 through provision of:
  - Training;
  - Advice; and
  - Formal consultation;
- Staff of Tiers 1, 2, 3 and 4 CAMHS coming together to work closely with each other (rather than in liaison or good communication which, ordinarily, is taken to be good practice at all tiers) around certain identified young people in the planned delivery of their care (a good example is of young people who require inpatient care but also specific therapies provided concurrently from Tier 3 while their general practitioner continues to play a key role while the young person is at home on leave);
- Contributing to provision of health promotion and early recognition and education services through:
  - Advising other agencies about their design, delivery and evaluation of universal, selective and indicated health promotion, education and early intervention programmes;
  - Designing, delivering and evaluating some indicated health promotion and early intervention programmes (often in clinic and other more formal settings);
- Provision of inpatient services;
- Provision of third-line specialist assessments and interventions directly with referred young people delivered by staff who have been specifically trained for the purpose (a good example might be that of single or national-level clinics that offer certain types of second opinion);
- Provision of very specialised outpatient services at tertiary or national level for young people with very complex and/or refractory disorders;
- Provision of forensic mental health inpatient services in settings of security; and
- Provision of very specialised units for sensorily impaired children and young people.

3. Commissioning Mechanisms for the NHS Components of Comprehensive CAMHS

Tier 1

3.1 Tier 1 services are provided by staff who are not trained as specialists in mental health and many have a wide range of other commitments to local services. Local Health Boards (LHBs) will be responsible for commissioning primary healthcare. In this context, it is important that the NHS-funded health components of Tier 1 CAMHS are commissioned by LHBs. They are encouraged to do so in close conjunction with their partners in their partner local authority departments and in awareness of plans for commissioning Tiers 2 and 3.
3.2 All LHBs should ensure that they commission a balanced programme of services that includes the functions listed in paragraphs 2.2 and 2.3. This is likely to require them to commission services from both the statutory and non-statutory sectors. The latter could make an enhanced contribution to mental health promotion and early intervention programmes. In particular, the voluntary sector should be enabled to play an expanded role in providing services for children in their early years and pre-school.

Tiers 2 and Tier 3 Services (other than those commissioned by HCW [SS])

3.3 All of the Specialist NHS-funded CAMHS at Tier 2 and the Tier 3 functions that are not assigned to HCW(SS) will be commissioned by a form of the Secondary Care Commissioning Group (SCCG) model. The basis of this approach is described in ‘Commissioning NHS Services: Guidance’.

3.4 The services to be included within this commissioning mechanism include:

All Tiers
The functions and activities required of all CAMHS as identified in paragraph 2.2 where they relate to Tiers 2 and 3. These functions and activities should be commissioned for all parts of Wales.

Tier 2
All services listed in paragraph 2.7. Core Tier 2 activities include:
- Delivery of services in support of Tier 1 provided by all sectors (e.g. through provision of training, advice and more formal consultation);
- Staff of non-specialist services and staff of Specialist CAMHS coming together to work closely with each other (rather than in liaison or good communication which, ordinarily, is taken to be good practice at all Tiers) around certain identified young people in the planned delivery of their care; and
- Provision of first-line assessments and interventions delivered by staff who have been specifically trained for the purpose.

Tier 3
All Tier 3 services listed in paragraph 2.9 other than those identified in paragraph 3.13 below. In broad terms, the Tier 3 activities included here are:
- Providing generic specialist mental health services that are delivered by multi-disciplinary, multi-agency teams; and
- Delivering more specialised services for young people whose needs cannot be met through Tier 2 activities or by receiving care from generic specialist teams at Tier 3.

---

2 To be issued simultaneously with this guidance
3.5 Commissioners should work towards ensuring that the Specialist CAHMS they commission are designed to deliver the general aims identified in paragraph 2.6.

3.6 ‘Commissioning NHS Services: Guidance’ points out that there is more than one model of SCCG. It illustrates this by identifying five different patterns. The volume of each of the Specialist CAMHS provided by NHS Trusts, severally or corporately, for local populations is such that a critical mass would not be reached if the services were commissioned by a simple form of SCCG in which each LHB is grouped with a single NHS Trust.

3.7 NHS-funded Specialist CAMHS at Tiers 2 and 3 will need to be commissioned by a model of SCCG in which a number of LHBs are grouped with one or more Trusts. This approach is called the CAMHS Commissioning Network (CCN) model of SCCG. Four such networks are required, based on the NHS Regional Office areas and with 2 such networks in the larger more populous south eastern area.

3.8 This solution will allow expertise in CAMHS commissioning and performance management to develop and sufficiently wide geographical areas to be brought together to make for meaningful commissioning.

3.9 In practice, this approach will be based on one LHB in each CCN agreeing with the others in its group to conduct commissioning and performance management of all CAMHS Tier 2 and relevant Tier 3 services in conjunction with relevant Trusts. In this way, the ‘lead’ LHB will act as the agent for all of the others in the group.

3.10 SAFFs will be recorded by individual LHBs and each network will negotiate a Performance Agreement with the appropriate Regional Office. In this way, this mechanism also borrows from and has much in common with the Collegiate model of commissioning also identified in ‘Commissioning NHS Services: Guidance’.

3.11 The SCCGs for CAMHS (or CCNs) are composed as shown in Table 1.

Table 1 - Partner Agencies Composing the CCNs

<table>
<thead>
<tr>
<th>Name of CCN (SCCG)</th>
<th>LHBs</th>
<th>Trusts or Other Provider Formations</th>
</tr>
</thead>
<tbody>
<tr>
<td>South East Wales CAMHS Commissioning Network</td>
<td>A lead LHB on behalf of:</td>
<td>Gwent Healthcare NHS Trust</td>
</tr>
<tr>
<td></td>
<td>Blaenau Gwent</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Caerphilly</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Monmouthshire</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Newport</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Torfaen</td>
<td></td>
</tr>
<tr>
<td>South Wales CAMHS Commissioning Network</td>
<td>A lead LHB on behalf of:</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>--------------------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cardiff</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The Vale of Glamorgan</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rhondda Cynon Taf</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Merthyr</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>The South Wales CAMHS Clinical Network</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mid and West Wales CAMHS Commissioning Network</th>
<th>A lead LHB on behalf of:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Bridgend</td>
</tr>
<tr>
<td></td>
<td>Neath Port Talbot</td>
</tr>
<tr>
<td></td>
<td>Swansea</td>
</tr>
<tr>
<td></td>
<td>Carmarthen</td>
</tr>
<tr>
<td></td>
<td>Ceredigion</td>
</tr>
<tr>
<td></td>
<td>Pembroke</td>
</tr>
<tr>
<td></td>
<td>Powys</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>The South Wales CAMHS Clinical Network</td>
</tr>
<tr>
<td></td>
<td>Pembrokeshire and Derwen NHS Trust</td>
</tr>
<tr>
<td></td>
<td>Powys NHS Trust</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>North Wales CAMHS Commissioning Network</th>
<th>A lead LHB on behalf of:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Anglesey</td>
</tr>
<tr>
<td></td>
<td>Gwynedd</td>
</tr>
<tr>
<td></td>
<td>Conwy</td>
</tr>
<tr>
<td></td>
<td>Denbighshire</td>
</tr>
<tr>
<td></td>
<td>Flintshire</td>
</tr>
<tr>
<td></td>
<td>Wrexham</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>North East Wales NHS Trust</td>
</tr>
<tr>
<td></td>
<td>Conwy and Denbighshire NHS Trust</td>
</tr>
<tr>
<td></td>
<td>North West Wales NHS Trust</td>
</tr>
</tbody>
</table>

**Tier 4 and Elements of Tier 3**

3.12 ‘Everybody’s Business’ established a commitment for Tier 4 and some Tier 3 services to be considered on an all Wales basis, because of their very specialised nature and low volume.

3.13 Initially, the services to be included in the national commissioning programme will comprise:

**Tier 4**
- The NHS-funded CAMHS placements outside Wales;
- Inpatient psychiatric services within and outside Wales;
- Tier 4 forensic CAMHS;
- Components of bi- and tri-partite funded placements.

**Tier 3**
- Day patient services;
- Specialist NHS-funded CAMHS inputs to residential schools and specialist care settings in support of children’s and young people’s placements;
- Community and other intensive therapy programmes (e.g. community intensive therapy teams [CITT])

11
• Provision of specialised services in support of regional NHS specialist children’s services (e.g. burns and plastic surgery services; neurological, neurosurgical and brain injury services; and oncology services);
• Tier 3 community forensic CAMHS.

3.14 These services will be commissioned by Health Commission Wales (Specialist Services). (HCW[SS]) with effect from 1 April 2003. Its predecessor body, SHSCW, has begun preparatory work in 2002 in order to enable a smooth transition to the new arrangements.

4. Conclusion

4.1 The commissioning cycle for child and adolescent mental health services should for the most part be little different to those for any other aspect of healthcare. The complexity of the range of stakeholders engaged in planning and delivering mental health services, the nature of the partnerships with young people, families and a wide range of other services in other sectors, the small size of the current services and the specialised knowledge that is required to commission them well require commissioners to give careful consideration to child and adolescent mental health services.

4.2 Tier 1 NHS-funded services will be commissioned by LHBs and Tier 4 and some Tier 3 NHS-funded services will be commissioned by HCW (SS). NHS-funded Tier 2 and the majority of Tier 3 services will be commissioned by four SCCGs (referred to here as CAMHS Commissioning Networks or CCNs) in which four of the LHBs (one per CCN) will lead for their partners and join SCCGs established with relevant providers for the purpose. These CCN SCCGs will be co-terminous with the three Regional Offices of NHS Wales.

4.3 Table 2 summarises the allocation of commissioning responsibilities for CAMHS in the NHS.

Table 2 - A Summary of the Commissioning Mechanism for CAMHS

<table>
<thead>
<tr>
<th>Service Components or Functions</th>
<th>Commissioned By</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 CAMHS</td>
<td>LHBs</td>
</tr>
<tr>
<td>Tier 2 and remainder of Tier 3 CAMHS</td>
<td>CAMHS Commissioning Networks (CCNs) that are co-terminus with Regional Office areas</td>
</tr>
<tr>
<td>All Tier 4 CAMHS Some Tier 3 as listed above</td>
<td>Nationally by HCW(SS)</td>
</tr>
</tbody>
</table>

4.4 Any queries on this document should be addressed to Peter Lawler HSPD 02920 825303