HOOD & WOOLF

Proposals for a new interim model of care for inpatient child and adolescent mental health services in North Central and North East London

Engagement report

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Hood & Woolf Ltd.

Golden Cross House
8 Duncannon Street
London, WC2N 4JF

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1 Introduction and context

Child and adolescent inpatient mental health services in North Central and North East London are currently organised and commissioned (bought) by the North Central and East London Provider Collaborative (NCEL PC).

The collaborative is led by East London NHS Foundation Trust and is made up of a number of NHS trusts and an independent service provider.

In autumn 2024, NCEL PC set out proposals for some interim changes to services for those children and young people who currently need inpatient mental healthcare.

The interim proposals follow the temporary closure of Simmons House in Highgate in December 2023 – one of the collaborative's four inpatient mental health facilities – following safety concerns.

Although NCEL PC has not had to transfer any young patients out of its geographical area for care since the closure of Simmons House (at the time of writing), it recognises that it needs to adapt and improve upon the temporary arrangements that have been in place from December 2023 until now.

The other three inpatient units in the area (The Beacon Centre in Barnet, The Coborn Centre for Adolescent Mental Health in Newham, and Brookside Child and Adolescent Inpatient Unit in Ilford) are seeing and treating more children and young people than they did when Simmons House was open.

There is also a need to make sure that services can cope with additional demand without having an adverse impact on patient care. The Provider Collaborative is also keen to keep providing as much care as possible close to where children and young people live.

Furthermore, an independent review found that Simmons House needs a significant building upgrade to continue to function as a children and young people's inpatient mental health unit. As a result, reopening the unit is not currently viable.

These reasons mean the current temporary arrangements are not sustainable and further interim arrangements are required to provide children and young people with the best possible care until more permanent arrangements can be made.

The proposed arrangements would be for the short-to-medium-term – for approximately the next 18 months. During that time, a long-term solution for how these important services are organised will be developed.

This section sets out how NCEL PC developed the interim proposals, the modelling that underpins them, and their approach to engaging on them.

1.1 How the Provider Collaborative developed the interim proposals

The Medical Director for NCEL PC led a team of senior clinical leaders to develop an approach for an interim model of care. The clinical leaders were nominated from across all Provider Collaborative partners in North Central London. These include North London NHS Foundation Trust (which includes the former Barnet, Enfield and Haringey Mental Health NHS Trust and Camden and Islington NHS Foundation Trust), Whittington Health NHS Trust, and The Tavistock and Portman NHS Foundation Trust.

In designing a series of clinical options, the team considered:

- the health needs of children and young people across North Central London
- demographic changes among children and young people in the area
- patterns of demand for children and adolescents' mental health services, including analysing data since the temporary closure of Simmons House
- how the services it designed would be experienced by local children and young people, their parents and carers
- how to maintain a focus on treating and caring for young people close to home in their local communities

In doing so, the team were also keen to align with NHS England's Mental Health Implementation Plan, which describes the national goal to reduce unwarranted admissions and to keep care as close to home as possible.

The team's modelling shows a requirement for an average of 4.3 additional beds, compared to the temporary service in place currently, at any one time, to meet the current demand for services. '0.3' of a bed refers to a bed – or the equivalent resource to a bed – used a third of the time.

1.2 The proposed interim service model – inpatient care

The other general adolescent unit in North Central London, The Beacon Centre in Edgware, has additional space that can be used. Like Simmons House, it also has an onsite school, meaning children and young people can access educational support during their stay.

NCEL PC are proposing to commission three additional inpatient beds for children and young people at The Beacon Centre, to help meet their needs.

1.3 The proposed interim service model – care close to home

Importantly, the Provider Collaborative also want to make sure that, wherever possible and clinically appropriate, children and young people will receive the care they need at home.

It is proposing to increase capacity of the North Central London home treatment team by introducing new, specialist roles to enhance the care they are able to provide for young people with learning disabilities or autism.

It is also planning to extend and invest in the existing North Central London adolescent assessment and outreach teams, who work intensively with young people in the community who require mental health support and help them to avoid needing inpatient care where possible. As part of the proposals, this service would be available into the evenings (until 8pm) and at weekends for the first time and would also have specialist support available for parents and carers.

1.4 The current out-of-hospital arrangements

There is one home treatment team across North Central London which cares for children and young people at home when clinically appropriate, when otherwise they may have been referred for inpatient care.

There are five adolescent outreach teams across the geography, one for each borough. These provide intensive support services for young people with complex mental health needs and their families. The interim proposals are to extend these hours during weekdays until 8pm, and at weekends.

The teams provide support at home, in clinics and community settings and aim to reduce crises, for example by managing risk-taking behaviours. These teams have different names across the NCEL geography:

- Barnet – Barnet Adolescent Service (BAS)
- Camden – Camden Adolescent and Intensive Support Service (CAISS)
- Enfield – Service for Adolescents and Families in Enfield (SAFE)
- Haringey – Adolescent Outreach Team (AOT).
- Islington – Adolescent Assessment and Outreach Team (AAOT)

It is worth noting that some respondents may use the terms home treatment team and adolescent outreach teams interchangeably, or not be clear on their different roles. As such, caution is advised in interpreting responses in favour of one community team over another, and should probably be taken as a comment on extending and enhancing community services in the broader sense.

1.5 Modelling

The proposed enhancements to these out-of-hospital services are equivalent to the 1.3 beds, on average, that are needed, in addition to the three inpatient beds at The Beacon Centre described above, to meet the demand for services (4.3 beds in total).

There is also the possibility of commissioning an extra inpatient bed, for example in times of very high demand. This would be purchased on an 'as needed' basis from an independent service provider and, if this is needed, every effort would be made to ensure it is as close to the child or young person's home as possible. This is sometimes referred to in the responses to the proposals as 'spot' purchasing.

The interim proposals are for fewer than the 10.5 inpatient beds that had been commissioned at Simmons House. However, it is best practice to ensure that patients are only admitted to an inpatient unit when they need intensive clinical care and, when they are admitted, that they do not spend longer than absolutely necessary in hospital. NCEL PC believes in caring for children and young people at home where possible and that there is a strong evidence base to support the suggestion that good quality local care, accessed at home, reduces the need for inpatient admission.

Importantly, the proposals being considered are for an interim period for around the next 18 months, while the Provider Collaborative continues to consider how best to organise services for the long term.

As part of a wider piece of work outside of these proposals, the Provider Collaborative is also working to improve the way young people with eating disorders are cared for at The Beacon Centre, linking with Royal Free London NHS Foundation Trust's eating disorder 'Hospital at Home' team.

1.6 Engagement overview

NCEL PC wanted to understand what children and young people, their families and carers, staff, partners, and other stakeholders thought of these interim proposals.

The Provider Collaborative ran a six-week period of engagement from 18 October until 29 November 2024 and will now consider people's thoughts and feedback. It will also be able to better understand any impacts on people (positive or negative), and consider how to mitigate any negative impacts. The Provider Collaborative will then discuss any adjustments or

adaptations to the interim proposals, and take a decision over implementation over the coming weeks.

NCEL PC brought together the communications teams from East London NHS Foundation Trust (who lead the Provider Collaborative) and Whittington Health NHS Trust (who provide services at Simmons House) to ensure a broad and inclusive approach to planning and promoting the engagement period.

It also worked with teams from NHS North Central London Integrated Care Board and NHS England Specialised Commissioning (who delegate responsibility for commissioning the services) as appropriate.

Information about the engagement, including a presentation for children, young people, parents and carers, was published on the NCEL PC website with details of how people could get in touch and share their views.

The Provider Collaborative also ran a dedicated online session of its patient participation group (PPG) to consider the interim proposals.

A separate face-to-face workshop was convened with young people to listen to their views on services which offer an alternative to being admitted for an inpatient stay in a mental health unit (called 'alternatives to admission'). This workshop included a dedicated session on the interim proposals and was widely advertised via community child adolescent mental health services (CAMHS) and through the PPG.

A workshop was also convened on behalf of NCEL PC by North London NHS Foundation Trust, which provides mental health services in the boroughs of Barnet, Camden, Enfield, Haringey and Islington, and surrounding areas.

This was held at The Beacon Centre so that children and young people from North Central London could take part easily. The group also included members from the Barnet, Enfield and Haringey Youth Board and those who have used inpatient services. This was held on a Saturday to enable as many young people as possible to take part.

Information was shared with NCEL PC's partners and key stakeholders, encouraging them to share their views and to encourage children, young people, parents and carers to have their say.

A briefing document and presentation was widely circulated to key stakeholders and partners across North Central London. These included:

- all CAMHS providers (via their clinical leads)
- all partners within the NCEL Provider Collaborative
- partner organisations, including key voluntary, community and social enterprise groups
- local authorities, including Directors of Children's Services
- local MPs, councillors, and Health and Wellbeing Boards
- Healthwatch Barnet, Healthwatch Camden, Healthwatch Enfield, Healthwatch Haringey and Healthwatch Islington

Meetings were also offered to Directors of Children's Services across all five North Central London boroughs, and held with adolescent outreach teams from all five boroughs, the North Central London home treatment team, and the clinical design group for the proposals.

Colleagues from NCEL PC also met face-to-face with Whittington Health NHS Trust staff from Simmons House to answer their questions and listen to their views.

The views, insights and feedback gathered during the engagement period were anonymised (with the exception of organisational and team responses) and then provided, otherwise unedited, to Hood & Woolf to draft this independent report. Where this feedback has been received verbatim, it appears in quotation marks throughout the report. Feedback that has been received in note form, for example from flip chart recordings of group discussions, appears as a bullet point. The direct feedback included in the report is illustrative of the points raised – it is not intended as a comprehensive inventory of all feedback received.

This report sets out the key themes and findings expressed from engagement activities with children, young people, their families and carers, as well as staff, partners, and stakeholders.

NCEL PC is incredibly grateful to those who shared their views on the interim proposals and recognises the time and commitment taken to share their experiences of care, and of delivering services, and their personal stories and perspectives.

2 Feedback on the proposals

2.1 Overview of who responded to the proposals

Feedback from children, young people, their parents and carers

Throughout the engagement period, the Provider Collaborative received nine written responses from children, young people, and their families and carers, and one voice note that was subsequently transcribed.

There were three separate opportunities for children, young people, parents and carers with experience of child and adolescent mental health services to discuss the interim proposals with professionals and share their views, thoughts, and feedback.

These opportunities comprised:

- a dedicated session of the NCEL patient participation group (PPG) on 29 October 2024, attended by three parents and seven young people, which was held online
- a workshop on 31 October 2024, attended by 5 young people and two parents, which was held at East London NHS Foundation Trust's headquarters at 9 Alie Street, London
- a workshop on 9 November, attended by 11 young people recruited mainly through the Barnet, Enfield and Haringey CAMHS Youth Board

The 38 children, young people, parents and carers who gave their feedback expressed views on a range of themes related to the services affected by the interim proposals.

Feedback from professionals and stakeholders

In total, 34 professionals and stakeholders took part in meetings or workshops around the interim proposals, and 33 written responses were received. While some of these were responses on behalf of teams or organisations currently working across the integrated care system, or connected with services in some way, the majority were from individuals.

The majority of respondents were concerned about the perceived permanent closure of Simmons House. While the engagement on the interim proposals does not seek to address its long-term future, these responses have been analysed for wider themes, for example around the loss of inpatient adolescent beds more broadly, and a model of care which advocates home treatment where clinically appropriate.

The feedback received around Simmons House will be considered by the Provider Collaborative as it develops proposals for the long-term solution of the service. The Provider Collaborative also received a letter signed by 18 members of Simmons House staff which set out their position against the long-term closure of the unit. Similarly, NCEL PC will consider this feedback as long-term proposals are developed.

Ahead of the engagement period on the interim proposals, directors from North Central and East London Provider Collaborative, NHS North Central London Integrated Care Board and Whittington Health NHS Foundation Trust met with the Chair and Vice-Chairs of the North Central London Joint Health Overview and Scrutiny Committee to discuss the approach to developing and engaging on proposals for an interim model of care and longer-term plan for these services.

Before the period of engagement commenced, NCEL PC directors also met with the Director of Children's Services at Haringey Council and the MP for Hornsey and Friern Barnet to update them on the interim proposals and the plans for engagement.

The meetings held throughout the engagement period comprised:

- Directors of Children's Services (DCS) from Barnet Council, Camden Council, and Enfield Council, as well as officers from Islington Council working with the DCS
- the Executive Member for Health & Social Care for Islington Council
- 15 colleagues from adolescent outreach teams and home treatment teams across the NCEL geography
- six members of staff who had worked at Simmons House general adolescent unit
- the clinical design group who designed the interim proposals

2.2 Feedback on the proposal to commission three additional inpatient beds for children and young people at The Beacon Centre

Feedback from children, young people, their parents and carers

Respondents expressed widespread caution at the interim proposal to increase the number of commissioned beds at The Beacon Centre. These included concerns around inpatient environments people have experienced in the past, and how the interim proposals could have a negative impact if not implemented carefully.

Feedback on additional support required before increasing beds at The Beacon Centre

People spoke about the effect that having more children and young people admitted to The Beacon Centre could have on other inpatients.

> *"No matter to what extent you increase the number of staff, and you increase the programmes available and the physical space on the ward, the more patients there are, the more acute the ward is going to be … I was at Coborn, when there were only six patients … then there were times on the ward where … we were at absolute maximum capacity.*
>
> *"It was incredibly distressing for other service users but what I really wanted to raise was that it created additional distress for parents. And I know that you mentioned parent and family support for the home treatment team side of the proposal but I know that, for example, my parents were really struggling when they heard from me that the ward was really acute and that the ward was a difficult place to be because they felt that the ward was supposed to be a helpful place for my recovery.*
>
> *"So, I just wondered whether there's any thought that the parent support side of things might extend to the families that would otherwise be receiving care at The Beacon Centre but the increase in number of beds affects everyone and their whole networks as well."*
> ***Workshop participant***

Feedback captured at workshops also included:

- *Why add more beds to Beacon? It would make it worse even if there's more staff*
- *Make sure young people are spread out between the four units, don't just put them all in Beacon*
- *[There are] loads of free beds already in Coborn, why do we need more beds?*

Others recognised the need for more beds, linked to how unwell children and young people were:

- *We need more beds because their acuity increases*

Feedback on staff recruitment and training

Others cited a high turnover of staff, and were concerned that recruitment would be a challenge for inpatient care.

> *" ... there have been situations in the past where the capacity of teams has been increased, beds have been added, whilst recruitment is still in progress before the capacity is finalised ... I more wanted to focus on making sure that you don't add extra beds whilst recruiting. You don't increase the provision."*
> ***Workshop participant***

Others spoke about the need to occupy and engage young people more, including through one-to-ones, and ensuring equal support for low-risk patients, while others believed more training should be carried out before joining The Beacon Centre.

> *"[Some staff have] insufficient knowledge of physical health and chronic health issues."*
> ***Workshop participant***

> *"[Some staff are] ignorant about triggers including food and weight."*
> ***Workshop participant***

> *"Some inpatient [units] accept patients they can't handle."*
> ***Workshop participant***

There were a number of points raised about the quality and consistency of care provided by bank and agency staff, including in relation to young people's experiences of general adolescent units:

> *"Bank and agency staff need more training."*
> ***Workshop participant***

Other feedback from workshops included:

- *Less use of bank staff*
- *Bank staff create miscommunication, [which is] dysregulating*

Feedback on the physical environment of the building

Participants also spoke about the physical environment of The Beacon Centre and the need to invest in the physical infrastructure and communal areas before commissioning additional bed space.

> *"Parents must book visits in advance, and slots often fill within minutes of becoming available. The lack of space for meetings and conferences adds further stress, making it difficult for families to be present and provide the crucial emotional support their children need during treatment."*
> ***Respondent, via email***

> *"I just wanted to ask, like have we thought about... what the dynamics would be like on the ward with the increased capacity of Beacon? Because I've been admitted to Coborn and Simmons and I know that definitely, like when the ward's been at like maximum capacity, or more patients, then ... even if there was more staff, it does impact smaller things. I know like visiting times and stuff like that, like when there's not as much people on the ward, it can be hard to find a room and for example sometimes my family had to be turned away because there was not enough rooms ... for them to visit .... It can feel harder to work in [the onsite school] when there's more people ... Have we thought about what it'd*

be like for the young people that are already on the ward to have more patients there? … Are we thinking about what it's going to be like for the staff and the patients?"
Workshop participant

"I was a patient at Beacon, as well as at Simmons House, and even when we had maximum capacity of 12, the environment was so difficult to cope with for both staff and patients. Patients end up being neglected or unable to get the right support because there is simply too many of us to 'keep an eye on'. From my experience, patients that are admitted for psychosis get the most attention and support and everyone else, the 'quieter patients', tend to go unnoticed and unsupported. So, if Beacon has more beds added, they really need to ensure that support is there for everyone who needs it, staff included."
Respondent, via email

"I've used services but I've also had experiences of visiting friends at Beacon and they were at 12 beds and there was quite a lot of issues with kind of sorting out rooms and stuff like that."
Workshop participant

Others said that the proposed beds would not be separated sufficiently from the high dependency bed.

Feedback on the overall provision of inpatient care under the interim proposals
Some expressed disappointment in the reduction of inpatient beds overall.

"Inpatient services should be available to help desperate young service users and their carers when crises arrive. The plan seems to aim at reducing the number of beds until there are fewer than are likely to be needed to handle the number of young people in crisis at any given time, and to justify this with an increase in home support."
Respondent, via email

Feedback from professionals and stakeholders

Feedback on the overall provision of inpatient care under the interim proposals
As with feedback included above, some of the respondents focused on the need for a model of care which includes more inpatient services than the interim proposals set out.

"Seriously unwell young people can need admission to a caring, containing treatment environment to offer them the chance to change their trajectory and their lives and Simmons House offered them that. It is 'messy' work, requiring massive dedication, and sometimes of course unsuccessful. BUT not offering that level of intensive work will be inevitably more risky, and with less chance of turning around the lives of those who have suffered so much trauma … "
Respondent, via email

"While children should be out of hospital and at home with their caregivers where possible, and unnecessary hospital admissions should be prevented – I worry that this culture (and the closure of specialist provisions such as Simmons House) are preventing children and adolescents from accessing life-changing

> *and essential treatment for their mental health – purely due to the application of an unwavering blanket rule that children should not be in hospital for long-term, therapeutic admissions."*
> ***Respondent, via email***

> *"[A children's services team] request that a rigorous consideration is given to ensure that vulnerable children, young people and their families can be assured of timely access to inpatient services when their assessed needs indicate a requirement of access to this pathway in order to be assured that they can receive timely specialist treatment to ensure the best possible chances of receiving local and appropriate treatment to meet their needs."*
> ***A children's services team, via email***

Among these, respondents also raised concerns around the interim proposal to 'spot' purchase an inpatient bed from the independent sector if it was needed, as close to the young person's home as possible.

> *"I … do not feel spot purchasing privately (to where?) is a good enough option for families/carers and their children."*
> ***Respondent, via email***

> *"Recourse to private commissioning and short-term crisis interventions is no replacement for high-quality in-patient care where appropriate. An almost obsessive focus on reducing the length of stay overall appears to me to be naïve at best and myopic at worst."*
> ***Respondent, via email***

Some were positive about the move away from inpatient care where clinically appropriate, but raised other concerns around the shortage of space at The Beacon Centre.

> *"The drive to reduce admissions and length of stay is a positive direction for the NHS. The risks of admission are well known, and long stays in inpatient units inevitably lead to iatrogenic harm with exposure to traumatic experiences and a loss of connection with community life. However, following the staggering impact of COVID-19 on an already stretched mental health and social care system, the demand for tier 4 beds remains high. The pressure to admit (and indeed discharge) young people, is clear to see. Therefore, there is a clear need for additional beds to be available within the NCEL collaborative.*

> *"Whilst I have great respect for my colleagues at The Beacon Centre and all they do with such limited resources; I am also strongly against these additional beds being located at the unit … There is a chronic shortage of space for young people, families/carers, visitors and staff.*

> *"There is a clear shortage of space to de-escalate young people [or] nurse those with higher levels of needs separately to the other young people."*
> ***Respondent, via email***

Others welcomed the inpatient beds, but raised concerns around the level of provision in community teams.

> *"Our starting point is that we think that there are fewer community mental health services in Haringey for children. If this is so, then Haringey is already at a disadvantage regards a community-based service, and we would urge you to forward plans to ensure this situation is changed …*
>
> *"We fully support the need for more local provision rather than children being placed in settings that are far from their homes and appreciate the efforts you are making to ensure this as part of the interim arrangements, including commissioning three additional beds at The Beacon Centre in Barnet, and the extended deployment of the outreach team to help children and young people avoid being admitted to hospital."*
> ***Haringey Council, via correspondence***

There was a view that services should be better integrated with paediatric units in acute hospitals.

> *"Patients could stay on the [paediatric ward] for a few days during this time. The intensive interventions they received were often sufficient, and they could be discharged home (to parents or to the local authority), having been effectively paediatric/psychiatric inpatients.*
>
> *"But when they were too troubled for discharge – e.g. actively suicidal or out of control/psychotic – there was no ready access to psychiatric beds. A more open door, both ways, between emergency paediatrics and mental health and emergency psychiatry was missing. I suggest you consider such an option for after the interim."*
> ***Respondent, via email***

Others felt the proposal was not clear in terms of overall provision.

> *"The suggested merger of the provision by relocating some beds to The Beacon in Barnet requires clarification as to the number of beds to be available overall. Will the number of beds be upscaled by at least 12 to compensate for the loss of provision?"*
> ***Team response, via email***

The impact of reduced inpatient mental health provision on other services

Some respondents focused on the fact that not reopening the inpatient beds at Simmons House risked putting pressure on other services.

> *" … The assertion that demand for adolescent inpatient services has decreased does not reflect the reality on the ground; it merely shifts the burden onto overstretched systems—schools, social services, and families, who often feel abandoned by the very structures meant to support them."*
> ***Respondent, via email***
>
> *"Nationally, there is a concerning trend of reducing inpatient mental health beds for young people, despite the increasing demand for crisis care. This has placed greater pressure on community services and inappropriate settings like paediatric wards, which are ill-equipped to manage complex mental health*

needs."
Respondent, via email

"By closing tier 4 beds you push pressure onto other parts of the system. Already we are seeing an impact at [nearby acute hospital trust] where we cannot find local beds for young people and are having very risky incidents on the paediatric ward."
Respondent, via email

Feedback on staffing and recruitment

Although feedback on staffing was not limited to inpatient settings, some respondents referenced The Beacon Centre specifically.

"If the outcome of this proposal is spot purchasing private beds and commissioning additional beds at The Beacon Centre, as commissioners you must monitor the recruitment, retention and ongoing investment in the nursing staff in these units. This is your duty to young people and families."
Respondent, via email

"The overreliance on agency staff is a serious concern, as it can disrupt continuity of care and relationships with young people, both of which are critical in inpatient settings. This inconsistency can negatively impact the stability and safety of the environment for vulnerable young people.

"The proposed arrangements, such as commissioning additional beds at The Beacon Centre, risk exacerbating these issues unless there is a clear plan to address staffing levels and ensure a stable, skilled workforce. Simply adding beds without resolving these underlying challenges could compromise the quality and safety of care provided."
Respondent, via email

" ... we are also aware of staff shortages at the Beacon and would imagine that they would also need to recruit to cover and support the additional three beds."
An adolescent outreach team, via email

Feedback on the physical environment of the building

Participants discussed the current physical environment of general adolescent units and the effect that caring for more young people outside of inpatient admissions could have on acuity.

" ... Beacon is an old unit, and [has] narrow corridors, ... if we keep many more people out, the ones who are coming in are that much more serious ... it would be helpful for us all to think about how we are managing these sort of things across the patch and thinking about how best to escalate, how soon to escalate, in case of delayed admissions due to placement problems and that sort of thing ... because cases are getting more complicated."
Meeting participant

Feedback on travel times for children, young people, their parents and carers

There was also discussion around the additional travel for some children, young people and families to Beacon House. Some expressed concern regarding travel for some families, and felt The Beacon Centre could potentially be difficult to travel to from the very south of Islington on

public transport, although recognised it was easier than travelling to Newham, Redbridge, or Ilford.

Some respondents shared the concern that inpatient beds would no longer be available as locally for some children and young people in the interim proposals.

> *"Whilst home treatment team and crisis services are a crucial part of a comprehensive CAMHS* service*, so is the availability of inpatient beds closer to where people live and go to school or college."*
> ***Respondent, via email***

2.3 Feedback on the proposal to increase the capacity of the North Central London home treatment team

Feedback from children, young people, their parents and carers

Again, it is worth noting that some respondents may use the terms home treatment team and adolescent outreach teams interchangeably, or not be clear on their different roles.

Feedback supporting proposals to enhance the home treatment team

There was support for home treatment teams from children, young people, and their parents and carers, with many expressing positive feedback for the care they had received.

> *"The transition from the psychiatric ward to the community is a big step, and a home treatment team helped me ease back into the community after my second admission. I feel like this reduced the amount of time I spent in the ward, making the transition back into the community easier. My mental health has improved since, and I think many other young people could benefit from resources like [adolescent outreach teams] as a preventative measure in the short term, as well as for medium to long periods (when appropriate)."*
> ***Respondent, via email***

> *"I strongly agree that young people being admitted to inpatient mental health units only when it is absolutely necessary would be highly beneficial for both them and their carers/families. Home treatment teams also seem like a great improvement for young people's mental health."*
> ***Respondent, via email***

> *"I think the proposal that's been put forward is really good and important because there's a lot of young people who get admitted into inpatient [units] straight away without community intervention and without professionals trying to work with [them] in the community.*
>
> *"That then ends in an unhealthy cycle of young people almost relying on hospital, or getting validation from it which feeds into the difficult part of dealing with bad mental health, so it's really important to ensure everything is done in the community, as the proposal is aiming to do – and when [inpatient] admissions do need to happen, to make sure these are kept as short and brief as possible and ensuring that the young person is discharged into home treatment team or crisis team, even if it be for a few days."*
> ***Respondent, via email***

> *"I believe funding at home treatment teams should be a priority because attempting to improve inpatient units will cost significantly more … "*
> ***Respondent, via email***

> *" … I'm a big advocate of preventative care [being] better than reactive. So, I think the idea of improving home treatment services is really good and think, because I know home treatment services would have really helped me, but I went straight to inpatient, but I just think it's really important in general. So, I really like that side of the interim proposal."*
> ***Workshop participant***

Feedback around the continuity of care and individual staff members

Others shared their views around the importance of continuity and consistency of care.

> *"I found in my transition between the home treatment team and inpatient [care] that the home treatment team explaining the facilities and visiting me [as an] inpatient really helped smooth the transition."*
> ***Workshop participant***

> *"In the home treatment team being able to 'choose' who visits you – and consistency in people who are visiting – can really help … "*
> ***Workshop participant***

> *"[Have] one person in charge of your care to help you build a relationship with them."*
> ***Workshop participant***

> *"Have the same home treatment team members to come and see you."*
> ***Workshop participant***

Some said that it felt as if there were not standardised team functions across NCEL, which was viewed as an obstacle when moving from inpatient mental health or paediatric settings to community care. There was also feedback that services that young people had found beneficial were not available to them once under the care of the home treatment team:

- *Don't discharge me from dialectical behaviour therapy just because I'm with [the home treatment team]*

Feedback around support needed for parents and carers

Although there was support for caring for children and young people out of hospital, and preventing admission to an inpatient unit where possible, several people had concerns around how caring for more young people at home had the potential to negatively impact on parents and carers.

NCEL heard concerns that parents and carers would have increased responsibility for the young person's care if they were to remain at home rather than be admitted as an inpatient:

- *It's not the parents' job to become the role of the hospital*

Respondents highlighted that this would limit their ability to work, or impact their lives in other ways.

> *" … it's a massive responsibility for parents – they're not able to work. They're feeling as if they have to take on the role of inpatient and professionally trained staff. But that massive difference that exists – is there a plan to think about like family therapists, occupational therapists, all those things that happen in inpatient day-to-day that aren't currently provided by the home treatment teams?"*
> ***Workshop participant***

> *"As you mentioned, there will be two teams in the community so they can support children at home but, it's a very good thing but just thinking some parents are working, … where children are in hospital they can work, but if they are at home, [it's] very hard for parents to work from home, next of kin need to*

work – so how will it work?"
Workshop participant

Others were keen to understand how to better support their child or young person more effectively:

- *The home treatment team should help give skills to reduce risk*

  "Obviously as a parent, her being an inpatient, and anyone who's been an inpatient, it's not a nice place to be and I'm trying to prevent that happening again. But I can't do it on my own."
  Workshop participant

Other ideas to support parents and carers included welcome packs, leaflets on medication, information on the therapy timetable in inpatient settings, visiting hours, and when the young person is able to have leave from an inpatient setting if they do need to be admitted.

Participants also expressed views on a range of related ideas including the desire for better contact with them if the care for their child or young person needs to be escalated:

- *Young people under the home treatment team are still quite unwell. Communicate what happens if care needs to escalate*

Others spoke around family therapy, empowering parents and carers and including them as a key partner in care planning, and ensuring the support they are asked to provide is reasonable.

> *"Parents and carers need to not be a second thought after the young people."*
> ***Workshop participant***

Others said that young people should have some say in the extent to which their parents are involved in their care.

Some participants pointed out how supporting a child or young person with mental health needs can lead to strained relationships with families, and that support needs to be equally accessible to families regardless of their size.

Feedback that enhancing community teams is not a substitute for inpatient care

Some people did not feel that improving and enhancing teams who provide care in the community would be a sufficient substitute for a reduction in the number of inpatient beds that had been in place when Simmons House was open.

> *"It is unrealistic to expect individuals to benefit from inpatient care after a short period, when they are only just beginning to settle into the new environment."*
> ***Respondent, via email***

> *"It should be the aim of NCEL PC that every young person in need of inpatient admission should be able to access that in a timely way and within the North Central and East London area. The impact of no bed being available is increased risk, self-harm, presentation at A&E with the consequent need for psychiatric intervention in a non-specialist hospital, and potential involvement of hospital security services and the police."*
> ***Respondent, via email***

Some felt that providing more services in the community, but with fewer inpatient beds than existed when Simmons House was open, would result in reduced support for families and parents.

> *"By [extending] home treatment team and crisis services, we can't push all other issues under the rug. These services will not solve the problem of Simmons' closure. Home treatment teams [do] not cover therapy, family therapy, support for parents etc."*
> ***Respondent, via email***

Feedback around home treatment for those with autism or learning disabilities

Some people said that more training would be particularly welcome for colleagues working with those with autism or learning disabilities, and others said that the way they had been supported in the past was not as good as it could have been, particularly in relation to appointment scheduling.

> *"You talked about how you're going to extend the home treatment team package to support people with autism and learning disabilities more. But an inherent part of the home treatment team is that they respond to emergencies and that they give you like a three hour window in which they're going to come, they won't give a precise time because of the way that they work – times are changed, times are cancelled, the people change. That isn't friendly to neurodivergent people and people with learning disabilities that rely heavily on routine and structure, so I was just wondering what you're going to do to combat that side of things … "*
> ***Workshop participant***

Others felt that autism should be seen in the context of a child or young person's mental health needs as a whole, rather than as a reason for needing an inpatient bed as a result of the condition itself.

> *"There is a focus in the document on autism, with the implication that young people with autism are being admitted inappropriately to inpatient care. There is no support in the document for this assumption. Autism is being increasingly diagnosed in the general population and is over-represented in the mental health cohort. Serious mental illness in young people is in many cases the result of trauma, which young people with autism are less able to process. The correct approach should be to provide specialist trauma-focused interventions suitable for young people with autism <u>both</u> in the community and inpatient settings. The issue of autism is irrelevant to the need for an inpatient bed when a young person presents with a serious and potentially unsafe mental health condition."*
> ***Respondent, via email***

Feedback on staffing and recruitment

Some respondents supported enhancing home treatment teams, but raised the issue of possible challenges in recruitment, and the experience they felt under-staffing had had on their care.

> *"Increasing home treatment team and preventing admissions is really good but there is also a lot that comes with it. Finding staff will be really hard, or if staff end up overworked, this means the quality of their work will become less and less, as many of us have experienced. When this happens, young people don't*

receive the right support which then impacts everyone. So, this needs to be monitored properly. Quality of work over quantity of work is most important especially with crisis services."
Respondent, via email

"Home treatment teams as well. When they say, 'We're recruiting' and, you know, you say, 'I need to be seen every day' and they say, 'Well we only have capacity to see you every other day, but we're recruiting'. That doesn't really help in the present moment because you need to be seen every day."
Workshop participant

"Home treatment teams, adolescent outreach teams ... are really struggling to recruit. It's great hypothetically, that you're planning to recruit more people, but what's the plan if you can't?"
Workshop participant

Feedback around improving integration between services

A number of participants highlighted how, if the interim proposals were adopted, there would be a need and opportunity to ensure that services become better integrated as a result.

Some of this feedback applied to integration with acute hospitals, for example for young people in mental health crises attending emergency departments, where participants expressed that the home treatment team could play a more active role. Workshop feedback included:

- *If a child or young person attended A&E in a mental health crisis, the default next step should be referral to a home treatment team, instead of discharge or admission*
- *Having someone from the home treatment team always at A&E*

However, most of the feedback was around the need for different teams involved in a young person's mental health care to work more closely together, echoing the theme around continuity of care:

- *If a young person is admitted, ensure the home treatment team is introduced at an earlier stage*
- *After discharge, [have] the home treatment team see you often to make the transition more gradual*
- *[Have the] home treatment team involved way in advance of a young person's discharge*
- *The wait between services is too long*

Feedback around the threshold for home treatment team care

Some felt the current criteria for being cared for by the home treatment team was too high and there might be opportunity to address this as part of the interim proposals:

- *Lower the threshold!!!*
- *Home treatment team bar is too high. They don't offer therapy enough*

Feedback from professionals and stakeholders

Feedback that enhancing community teams is not a substitute for inpatient care

A number of respondents raised concerns that – despite welcome investment in community teams – receiving treatment at home may not always be appropriate for children or young people.

Others were concerned that the overall totality of provision across inpatient and community care set out in the interim proposals, irrespective of enhanced community services, would not be able to meet the same level of need as when Simmons House was open.

> *"While I think that investing in community services is very important, it is necessary to point out that there are young people who are stuck at home and whose needs can't be met by community services. Some of these young people might be being frequently checked in with by crisis community teams (even sometimes daily) and also have access to virtual schooling but this input is not sufficient when they have been and continue to live in environments where continuous relational trauma occurs."*
> ***Respondent, via email***

> *" ... you state that need has been/will be met by stronger home support teams. This seems to underestimate the need for inpatient provision for the most severely disturbed young people when they are in crisis."*
> ***Respondent, via email***

> *"These are welcome arrangements, but we are concerned that young people who we believe needed inpatient treatment have not received this and have remained too long in the community with their mental health significantly deteriorating before they are admitted into a mental health care unit. This is something which needs urgent focus and longer-term resolution. The lack of inpatient places means pressure is placed on children's social care services to accommodate children in expensive placements that then break down. We believe that this practice impacts negatively on young people over the longer term ... "*
> ***Haringey Council, via correspondence***

> *"I understand the national drive for more community-based services, and understand the general idea for a child to be cared for whilst in their home being a preferred option. However, there are also young people for whom this would not be safe and/or suitable and a more intense and 'wrap around' care [that] an inpatient stay can provide is in their best interests, and there is often more demand than there are suitable beds, with many young people in need of mental health support having to be cared for in paediatric / physical healthcare settings..."*
> ***Respondent, via email***

> *"Commissioners have been forced to choose between community and inpatient services, a false binary. The needs of young people have never been higher whilst services across the sector are more stretched than ever."*
> ***Respondents, via co-signed open letter***

Some respondents shared views that the home may not be the most appropriate environment for the young person and / or that being cared for at home places extra pressure on families, carers and social services.

> *"Whilst day services support young people and families to manage during working hours, they cannot support those without a home. Similarly,* the *home treatment team can only support young people with a safe enough parent/carer, therefore inpatient services are seeing much high[er] concentrations of young people involved within the social care system. These young people are arguably the most vulnerable to experiencing iatrogenic harm as a result of prolonged and uncertain admissions. This is where additional funding should be directed."*
> ***Respondent, via email***

> *"The home treatment team model is to be welcomed for some young people. However, the burden of care on families is very significant. And there are many young people, particularly those who live with inequality, for whom this family burden is likely to be particularly difficult."*
> ***Respondent, via email***

> *"This aligns with our commitment to the principle of care in the community. However, we also know that many of our young people who need support may need time away from their parents and carers who themselves may have mental health needs that are not being met. We would ask that this area of need is taken into consideration in your forward planning ...*

> *"There are some young people who are a risk to themselves and their families. Whilst we support the interim arrangements being proposed, can you set out how the temporary changes will protect family members from a young person who is threatening to harm them?"*
> ***Haringey Council, via correspondence***

NHS North Central London Integrated Care Board responded with broad support for the proposals, and highlighted that a national service specification would inform long-term service delivery.

> *"Broadly, the ICB is supportive of the plans outlined in the proposal and we accept the calculations outlined in respect to additional beds based on activity. We particularly acknowledge the importance of enhanced community support wherever clinically suitable as an alternative to inpatient treatment and the particular focus on those young people with learning disabilities and autism.*

> *"The home treatment and outreach team model rollout and expansion is welcomed, and we look forward to hearing more about the outcomes of this and think that the formal evaluation of the interim model, alongside the development of a national specification, will contribute to thinking through future options. We also acknowledge the work that has gone into improving the system for children and young people's inpatient care in NCEL Provider Collaborative facilities including reductions in occupied bed days and out of area placements."*
> ***NHS North Central London Integrated Care Board, via correspondence***

Feedback on the impact on children and young people's education

Some respondents were concerned with the loss of education support that young people are able to access while they are in a general adolescent inpatient unit.

> *" ... I am concerned that these children will now be stuck at home, receiving short-term crisis care, but continuing to miss out on schooling that they could have received as part of a holistic package of care in an inpatient setting."*
> ***Respondent, via email***

> *"What are the plans for ensuring joined up education and mental health treatment is* continued *for this vulnerable group who will now be receiving treatment via other pathways?"*
> ***A children's services team, via email***

> *"Confirmation will be required about how young people are successfully accessing Beacon / Coborn education provision as day patients and for those unable to access education, how the individualised support engages young people in alternative activities and what the outcomes have been to inform the new interim model."*
> ***NHS North Central London Integrated Care Board, via correspondence***

Feedback around home treatment for those with autism or learning disabilities

Some welcomed the enhanced provision for those with autism or a learning disability.

> *"We are in support of the desire to bolster and expand crisis support and welcome the desire to enhance the work of the ... [adolescent outreach teams] ... The proposal to include children and young people with an intellectual disability to the criteria for the home treatment team is very welcome and celebrated."*
> ***A learning disability and autism team, via email***

> *"We are also pleased to see a proposal to have more specialists to support those with learning disabilities and autism in our home treatment and outreach teams."*
> ***Haringey Council, via correspondence***

> *"It will be helpful to understand the package of individualised support for young people with ASD [autism spectrum disorder] and/or LD [learning disabilities] and the capacity of direct support that will be offered to families. Careful consideration will be required to [be] considered for CYP [children and young people] with LD who may require different levels of support (for example with either lower / higher requirements for support)."*
> ***NHS North Central London Integrated Care Board, via correspondence***

The impact on people with autism or a learning disability was also highlighted by one respondent around the need for more joined-up working.

> *"The drive for short admissions and the creation of more crisis services is a positive one, however it also leads to a large increase in transitions for young people, who move in and out of various clinical teams. This may be positive for 'patient flow', however it also presents clear dilemmas to both the treating teams and young people and their families which can have a negative*

> *impact (particularly those who are neurodivergent). Good therapeutic relationships are essential for change. More joined up working between teams would support a young person maintaining things like their individual therapist and this therapist remaining a constant within their care ... "*
> ***Respondent, via email***

Feedback around support needed for parents and carers

NHS North Central London Integrated Care Board recognised the support that would be required to support parents and carers if more young people were cared for at home.

> *"We wanted to highlight the importance of parent support both during the day and after hours to recognise the impact of exhaustion and anxiety on the family. It would be helpful to further explore how the new model will support parents' own mental health and practical capacity to manage their child's safety and wellbeing and their therapeutic, education and activity interventions."*
> ***NHS North Central London Integrated Care Board, via correspondence***

Feedback on staffing and recruitment

Echoing feedback from children, young people, their parents and carers, recruitment challenges were also highlighted.

> *"The alternative proposed plans to replace an aspect of the provision with a home treatment team for children and young people requires more definition to demonstrate how the arrangements would effectively meet the needs of the cohort effectively and successfully. How will the enhanced community teams such as the home treatment team be staffed safely and adequately?"*
> ***A children's services team, via email***

2.4 Feedback on the proposal to extend and invest in the existing North Central London adolescent outreach teams

Feedback from children, young people, their parents and carers

As with earlier sections, it is worth noting that some respondents may use the terms home treatment team and adolescent outreach teams interchangeably, or not be clear on their different roles.

Feedback to support extending the hours that services for children and young people are available at home

There were a number of comments in support of extending the hours that community services would be available to children and young people.

> *"I think it's really great to offer extended hours. The more hours the better. I know personally my crises mostly fall outside of hours because a lot of, I know that a lot of young, like a lot of young people I find, evenings and areas outside of routine difficult. So, I think that's really beneficial.*

> *"The adult home treatment team, at least in my area, operates until 8pm and operates on the weekends. And, personally, I found that that was really helpful, especially when I was trying to be in education and maintaining some sort of routine because I didn't have to wait at home all day.*

> *"I could do things with my day that distracted me and supported me. And I was wondering whether you have, or think that you should have, conversations with teams that do have those hours to talk about the positives of it but also where that's been difficult."*
> ***Workshop participant***

> *"I think just communicating as well that like five, later is an option. I know that for me, like when I said I wanted later, it was kind of like 'No, you should do 10am to 12noon'. But it's really important for people to get, like structure is so important, so I think we need to give that option because 10am to 12 doesn't work with my school and stuff like that. So, I just think it's really important we give all the young people option – I don't know if a lot of people will opt for 5pm to 7pm and what impact that might have."*
> ***Workshop participant***

Other feedback echoed this, with some supporting the proposed hours, and others saying it would help to run services later into the evening:

- *9 – 8pm is way better*
- *To midnight is best*

Some participants felt that extending the hours that care could be provided at home was a positive step, however questioned whether home treatment was always an appropriate alternative to inpatient admission.

> *"You talked about the extended hours, evenings and weekends, which is great because, during my time under the home treatment team, a team that operates from nine to five but can't do a visit after four and only starts visits at half ten is*

not a replacement for inpatient care and I think it would be kidding ourselves to say that … that's not the same as 24-hour support."
Workshop participant

Feedback around improving integration between services

As with other areas, feedback around using the interim proposals as an opportunity to improve integration between services was also raised here.

" … if you arrive in A&E between nine and five, or in those extended hours that will now be offered, it's quite easy for them to get in touch with home treatment teams. At the point when you're admitted onto a general paediatric ward overnight, because there isn't CAMHS support available because of the time of day, at that point it can be incredibly difficult to backtrack and I think maybe … [that] needs to be thought through in terms of once a young person moves out of A&E and into a hospital bed because CAMHS services aren't accessible to them because of the time of day. That it can kind of create really big issues for young people and their parents."
Workshop participant

Feedback from professionals and stakeholders

Feedback on extending the hours that services are available for children and young people

Most of the discussions among professionals focused on the operational arrangements and implications of extending the hours that adolescent outreach teams currently provide care (moving from Monday to Friday 9am – 5pm, to Monday to Friday 9am – 8pm and weekends).

There was support and understanding from a number of professionals around the need to provide more care in the community after 5pm.

"It is clear to all of us that there needs to be a service in the evenings, and I think we are gradually moving towards that as a whole system in community CAMHS … we are already trying to establish evening clinics … I can only see that in the future we are moving towards longer service into the weekends …"
Meeting participant

Discussions included feedback and questions on clinical arrangements, for example how the team working into the evening would be supported in the event of escalation or a young person experiencing a mental health crisis.

" … obviously a lot of beds have been taken out of the system with the closure [of Simmons House] and it's fantastic to hear that young people haven't had to kind of travel significant distances as we probably saw in the days prior to the provider collaboratives. Has there been a delay in accessing beds or people having to wait longer in the community?… If we are managing with less beds, it shows that there's something really great happening in the community keeping people at home … really reinforces some fantastic work that sounds like it's already happening. So *great to build on that."*
Meeting participant

" … I think the plans are really great. Really welcome anything that helps avoid admission. I would support again that conversation about the adolescent

outreach teams and the out of hours team to really think about how they network together with systems already in place, such as out of hours medical cover."
Meeting participant

Feedback on ways of working required for the interim proposals to be implemented successfully

Some participants discussed how the interim proposals could impact team dynamics, governance and risk, if newly-recruited team members (to cover the additional hours) were not integrated into the existing ways of working. These echoed discussions around recruitment and staffing, as well as continuity of care for children and young people (see below).

These discussions are also reflected in the two written responses from adolescent outreach teams. There was also feedback around how better integration of technology, such as shared access to patient records, could help.

"How can we integrate [the] additional capacity within the daytime team so that their risk is shared because this has very much to do with safety … we don't want this to be an additional service that only works in the evenings. We have to find a way to integrate them enough so that they are aware of the cases, they know the people in the team, they share the risk, as we do with the daytime staff."
Meeting participant

"So, this is a problem to solve and then the other problem around safety is how they will operate. How we will manage in terms of governance and accountability, risk in the after hours … "
Meeting participant

" … bringing new staff into the team who work into the evenings, working alongside staff who work 9-5 has great potential to create unhealthy team dynamics, and lopsided patient care."
An adolescent outreach team, via email

"I'm a bit worried … how we manage the risk … because we work together and we … know each other's thresholds. We trust each other's clinical judgement and I guess … even for me as a manager … the thought of doing that with … another member of staff at the weekend or out of hours, it does create a lot of anxiety, especially if somebody's in crisis, you know, being in someone's home. That's in a real crisis. … It's more than just two people being able to manage that. So my concern is about how it's done safely."
Meeting participant

" … [staff feeling uncertain is] understandable. If helpful, I'm happy to come and speak with teams and explain the system is already there, which can be utilised out of hours. We have seniority seven days a week which covers those hours that they will be operating in."
Meeting participant

"It would be important to have a guide on what would be the procedure if we exceed the number of beds needed for our young people, though we are aware

that there is a commitment to not admit."
An adolescent outreach team, via email

"Our view is that working in the evening would need psychiatry and management cover from within the team rather than reaching out to out of hours colleagues. Currently there is no management capacity in [our team] to cover extended hours. Also the on-call arrangements for consultants are to cover the hospitals, not the community, so that is not available either. On balance, our view is that, for the proposals as they stand, the risks outweigh the benefits."
An adolescent outreach team, via email

" ... that's a lot of people [to recruit] and that's difficult. Also, I think there's the software aspects... we work with the home treatment team at the moment and anything that Islington have on our Rio software, the home treatment team can't see any of it."
Meeting participant

"[Our team] appreciates being seen as key to reducing unnecessary inpatient admissions and keeping young people in the community. The rising tier 4 GAU [general adolescent unit] admissions more recently; have often been endorsed by PMHT [primary mental health team] who are holding clinical responsibility during the presentation, irrespective of differing community views on whether a tier 4 admission is clinically indicated. This may persist even with [adolescent outreach team] expansion. Greater collaboration and a clearer exit strategy are needed to address increasing acuity in paediatric settings."
An adolescent outreach team, via email

Feedback on the importance of continuity of care for children and young people

Many discussed how the proposal to expand working hours into the evening could best be refined to ensure continuity of care for children and young people so that they were not liaising with a different professional after 5pm to the one they would normally talk to.

" ... our feedback from young people is that they just don't like phoning a stranger out of hours ... it's that relationship that helps them feel safe and they'd rather wait to see their worker again rather than engage with some sort of out of hours system ..."
Meeting participant

" ... people in my caseload wouldn't find it helpful to go and speak to somebody else in the evenings, they'd much rather wait ... "
Meeting participant

Others agreed, but fed back that it was not always the case in their area.

"I agree with ... continuity of care and having the familiarity with your clinician and your therapist. But we do see in reality existing patients that are open to adolescent outreach teams... who need that quick response. And they do engage very well when they need the support regardless of meeting a different clinician from a different team ..."
Meeting participant

Allied with this, there was a sense of a need to clarify – for the professionals involved – the service being provided to children and young people in the extended evening and weekend hours. Some were concerned, or seeking clarification, over whether the service would be the same as that offered during the existing hours, or in effect risk becoming a de facto crisis service.

> *" ... my concern is that the proposal kind of feels like it offers a partial service, kind of lacking the comprehensive [adolescent outreach team] packages of care ... kind of [one team of new staff offering] out of hours [support] and it's, us [the existing team]. I'm a bit worried that if [the new team members are] solely focused on crisis management and risk support... how we manage the risk ... "*
> ***Meeting participant***

Others viewed the enhanced out of hours services in another way, helping to provide an additional offer to children and young people over and above the Crisis Line.

> *"What was really quite lovely about this proposal was that it does offer that extended hours, particularly after five o'clock, for the adolescent outreach teams ... we thought this offers us an opportunity to be able to test it out in some way rather than the out of hours offer being just simply reliant on the out of hours team in [a] crisis."*
> ***Meeting participant***

Feedback on staffing and recruitment

Some people felt that moving from a 9am – 5pm service to a 9am – 8pm service would mean implementing shift patterns that risked having a negative impact on recruitment and retention.

> *"Could we clarify and confirm that staff will not be forced to change their working patterns because this has been a worry ... if some staff want to do that, want to do shifts, it's a different thing. But people are not going to be forced to do that."*
> ***Meeting participant***

> *"I totally respect the user voice here, however the other is recruitment and retention, and shift patterns."*
> ***Meeting participant***

> *"Although the service user voice is very important, it unfortunately has to be balanced with the operational realities that exist in the NHS at this point in time. We worry that the new specification will [be] destabilising [to] the team and increasing the already difficult problems with recruitment and retention ...*
> ***An adolescent outreach team, via email***

> *" ... I think the main concerns that the teams have about this proposal is about integration with the team and how we're going to achieve this ... without actually forcing people to change their working hours."*
> ***Meeting participant***

Feedback that enhancing community teams is not a substitute for inpatient care

In line with earlier feedback, some did not agree that extending hours of adolescent outreach teams would compensate for the reduction in general adolescent unit beds under the proposals.

"Whilst I do support the expansion of home treatment and adolescent outreach team provision, this should be happening in tandem with such a unit as Simmons House ... existing. It should not be a binary choice."
Respondent, via email

"I am deeply concerned by the idea that increased crisis provision is an adequate alternative to inpatient beds. I am also deeply concerned by the obsessive focus on length of stay (which does seem to be being used as a measure of service quality, even if this is not the intention)."
Respondent, via email

Feedback on the management capacity within adolescent outreach teams

Others looked at the issue of expanding adolescent outreach teams in terms of constraints in current management capacity.

"As much as we'd be expanding the team, we'd be needing to think about the impact that has on the current team ... Typically I would supervise and line manage therapists. So, if we were going to have anybody new within that role, I'm already at capacity within my time within the team. You know the same with line management, everybody who's currently in the team is at their capacity of what their job plan looks like ... We're saying three new roles to just increase our offer, which increases the number of cases we hold, which increases the amount of supervision and line management, team meetings we need to offer. So I just think that needs to be held in mind too."
Meeting participant

"Our view is that working in the evening would need psychiatry and management cover from within the team rather than reaching out to out of hours colleagues. Currently there is no management capacity in [our team] to cover extended hours."
An adolescent outreach team, via email

Feedback on opportunities for local service design

Other participants were keen to explore the idea of designing services locally, in terms of how the teams that would be affected by the interim proposals wished to work.

"Could the local teams have autonomy in terms of how this is to be set up so that then we can perhaps trial it?"
Meeting participant

One team set out their proposals for how the interim arrangements could be put in place.

"An extension of the [adolescent outreach team] could occur in two phases:

- *Phase 1 to extend [the team] hours from 9am to 8pm Monday to Friday*
- *Following evaluation of the effectiveness of the extension explore whether extending to weekends would be effective.*

"In Phase 1- the evening team will work 12- 8 Monday to Friday. This will allow:

- *Working 12-8 pm means that there is a 5 hour overlap with the existing [team].*

- *Overlap allows for team meetings, reflective practice spaces, sharing of risk concerns and handovers to take place.*
- *It ensures consistency in service delivery and approach.*
- *Allows joint work across the teams. Can pair up with colleagues (case coordinator and second worker).*
- *Consistently hours across all days so that there is no need for shift work/patterns (this will help with staff retention and consistency).”*

An adolescent outreach team, via email

Feedback around adolescent outreach teams for those with learning disabilities and autism

One team fed back an alternative suggestion of enhancing the support that AOTs can provide young people with learning disabilities and autism.

> *“We also want to highlight potential alternative means of bolstering the offer of the AOTs – for example, developing capacity within AOTs for autism assessment (e.g. ADOS [Autism Diagnostic Observation Schedule] training & supervision) or the development of satellite DBT [Dialectical Behaviour Therapy] services within the AOT’s to reduce waiting times for young people open to the AOTs.”*
> ***An adolescent outreach team, via email***

Other feedback received

Another respondent was keen to understand how learning and best practice could be shared across the geography, in relation to the adolescent outreach team in Enfield, which has had a consistently low level of admissions over the last two years as well as the lowest number of delays discharging children and young people from inpatient care when they are ready to return home.

> *“It is very interesting to hear that the Enfield adolescent outreach team seems markedly more successful. Why is this? Knowing the early story of its development, I wonder whether the difference is due to the models of care and the staff mix in that team? It would be very helpful to have more data about this.”*
> ***Respondent, via email***

2.5 Other notable themes from feedback

Feedback from children, young people, their parents and carers

Communication, information and access

There was a range of feedback on the need to improve communication and information given to families and carers. Several participants expressed the view that it was not always clear which team provided which services, and that the differences in names can be challenging for young people and families when seeking support.

> *" ... what's the difference between the home treatment teams and outreach teams? I know someone mentioned it before but I'm still a bit confused."*
> ***Workshop participant***

Others said that they found accessing existing services, or being able to contact them, more difficult than it should be.

> *" ... I wasn't given any information ... regarding that – because she needs the support now to prevent ... being an inpatient ... I don't quite know what to do at the moment, and what support is available."*
> ***Workshop participant***

> *"[Have] regular scheduled visits with a dedicated phoneline and not a withheld number."*
> ***Workshop participant***

> *"No caller ID calls [mean] everything is unnecessarily inconvenient."*
> ***Workshop participant***

Others said that care plans should be better explained.

> *"[Have] direct and clear communication about care plan contents."*
> ***Workshop participant***

Feedback on the need for care to remain local to where children and young people live

Other themes from the feedback from children, young people, families and carers included concerns around the increasing mental health need in young people and the need for inpatient care to remain local.

> *"The plan proposes an immediate reduction in the number of inpatient beds in the NCEL area ... this is in the face of increasing mental health need in young people which will inevitably increase demand for inpatient as well as community care."*
> ***Respondent, via email***

> *"It's important that inpatient care should be located in the area, so that young people are not isolated from carers, families, and friends. In our case, on first admission, there was no bedspace in the NCEL area, and no immediate prospect of that ... "*
> ***Respondent, via email***

Feedback on the importance of children and young people's education

One respondent spoke about how they felt their son could have been better supported with his education while using inpatient services.

> *"I think that [the child] could have had day releases much earlier – and I think that he could have gone to school. I think that they should take it on a case by case – so the kids that need the internal school go to the internal school but … they should have listened and they should have let him go to school sooner than he was allowed to, because that would have made a difference – perhaps to his GCSEs as well."*
> ***Respondent, via telephone***

> *"Education provision should be tailored to individual young people … "*
> ***Workshop participant***

The quality, consistency and reliability of services

Many participants gave feedback on the need to maintain and improve the quality of services, both inpatient and those provided at home, as well as co-designing and involving service users more:

- *Home treatment team and outreach [need] more of a willingness to admit if a young person really needs an inpatient admission*
- *Being threatened with inpatient care isn't good care*
- *When expanding services, have young people co-design*
- *[Have] young people involved in recruitment*
- *Don't be late, especially when you tell me off for being late*
- *The waiting time in general hospitals is too long before you're given a general adolescent unit bed*

> *" … maybe it's something to be considered, recruiting peer support workers and considering that side of things as well to be able to capitalise on people's experience."*
> ***Workshop participant***

The data set out to support the interim proposals

Two people challenged the information provided as part of the engagement and wanted to see additional information which underpinned the proposals.

> *"The statements in the document that sufficient beds have been available is simply not credible to those who have been service users or their carers … The plan document does not provide any data that supports the reduction in terms of bed occupancy, wait times for beds, or the impact on those denied a bed."*
> ***Respondent, via email***

Feedback on the current Crisis Line services

Another raised a concern about the effectiveness of the crisis (telephone) line.

> *"Crisis lines and Shout [a confidential text messaging service] don't help."*
> ***Workshop participant***

Feedback from stakeholders and professionals

The data set out to support the interim proposals

Some expressed the view that the number of inpatient beds modelled and presented in the interim proposals did not correlate with their own individual experiences.

> *" ... I hear constantly about the desperate need for beds and their struggles with accessing inpatient care for the young people they support. I am finding it difficult to understand how this seemingly universal experience can be reconciled with the data presented to us by NCEL that the beds are not needed?"*
> ***Respondent, via email***

> *"It is difficult to credit the account given of a reduced need for this level of care when I am painfully aware of how many families when able to afford it are turning to private treatment routes because of the inadequacy of what the NHS can provide ... For community CAMHS to absorb still more deeply disturbed patients, such as those who went to Simmons House, is a big ask."*
> ***Respondent, via email***

> *"We challenge the assertion that the need has reduced, but rather that this need has been, and will increasingly be, pushed into systems already stretched to their limits, schools, CAMHS, paediatric wards, social care, and most significantly, parents and carers."*
> ***Respondents, via co-signed open letter***

Others felt that information was missing from the modelling for the interim proposals, which they believed key before any decisions around the reprovision of services could be taken.

> *"The metrics we ought to be discussing here, together with proximity to local area, are: number of admissions to paediatric A&E departments; cumulative nights spent on general paediatric wards; readmissions to general hospital following discharge; frequency of suicide attempts and self-harm during home treatment care. Without a thorough understanding of this data we are wilfully ignorant of the real impact of the proposed changes."*
> ***Respondent, via email***

Integrated working – and the need to involve professionals outside of healthcare

Some participants discussed the need to include local authority social care and education colleagues in discussions at an earlier stage in developing proposals.

> *"Health clinicians are determining arrangements about the whole system that supports children. There are social care and education experts too ... the rest have to fit around the health clinicians."*
> ***Meeting participant***

"[It] is good governance to link with education and social care colleagues from the start."
Meeting participant

Developing proposals for the longer-term arrangements

In line with other feedback, some stakeholders were keen to understand how the interim arrangements would be evaluated and longer-term proposals developed.

"What is the process re the longer plan and how do the interim and long-term plan link to the work we are doing re social care and health and the investment in terms of outreach and the intensive care we've discussed? Is there a way to link them?"
Meeting participant

"The case for more flexible and comprehensive outpatient care is well made, but what is the plan after the interim period? Despite a fall in admissions the degree of unmet mental health needs shows no sign of diminishing. Unless the object of the exercise is basically financial (as it may well be) NCEL PC must keep in mind the national crisis in child and adolescent mental health services, with many unfilled posts."
Respondent, via email

"Planning now for robust monitoring and evaluation of the interim model will be vital to the work required to consider options for a longer-term approach."
NHS North Central London Integrated Care Board, via correspondence

"As these are set out as temporary changes, could you confirm that longer-term planning will address the disparity in community mental health services for children in Haringey as the new service is developed…

"Will there be monitoring arrangements in place for the service to know how many young people are successfully supported in the community and how many were subsequently admitted to a mental health unit… will you be evaluating the interim service, reviewing outcomes and making changes and improvements as needed?"
Haringey Council, via correspondence

Feedback on the current Crisis Line services

Echoing an element of feedback from children and young people, there was also a view expressed that the out of hours Crisis Line was not able to provide children and young people with the level of support that they needed.

"I was thinking how difficult it is for people sometimes to access the Crisis Line, that even after we've had it for a long time already, it sounds like there's constant reports that people, existing cases that we know of, they're telling us that they tried to call the Crisis Line after hours, and there's been lots of complications and difficulties."
Meeting participant

3 Next steps

The feedback from this period of engagement will be considered by NCEL PC in a further workshop with the clinical design group, before the group makes a recommendation to the NCEL PC Clinical Strategy Board over the coming weeks.

This report will be used to enable the Provider Collaborative to consider people's thoughts and feedback, as well as enable it to better understand any impacts on people (positive or negative), and how to mitigate any negative impacts.

The Provider Collaborative will then consider any adjustments or adaptations to the interim proposals, and take a decision on implementation over the coming months.

These proposed arrangements would be for the short-to-medium-term – for approximately the next 18 months – while we develop a long-term solution for how NCEC PC organises these important services.