

County Durham

CAMHS Crisis and Liaison Service

Service Evaluation Report

May 2015

Prepared by:

Michelle Trainer, Project Manager, Tees, Esk & Wear Valleys NHS Foundation Trust

Sarah Smith, Planning and Business Development Manager, Tees, Esk & Wear Valleys NHS Foundation Trust

Andrea Reid, Locality Accountant, Tees, Esk & Wear Valleys NHS Foundation Trust

Copyright © Tees, Esk and Wear Valleys NHS Foundation Trust 2015
All rights reserved. No part of this publication may be reproduced or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, or stored in any retrieval system of any nature, without the written permission of the copyright holder.

making a

difference

together

CAMHS Crisis and Liaison Service Development – Evaluation

Report By: Michelle Trainer, Sarah Smith and Andrea Reid

Date of report: May 2015

The CAMHS Crisis and Liaison service is funded on a pilot basis by North Durham CCG and Durham Dales, Easington and Sedgfield (DDES) CCG until December 2015. An evaluation of this service was carried out over the period from which the service became fully operational 12 May 2014 to 31 December 2014. The purpose of this report is to share the findings of that evaluation and seek recurring funding for a CAMHS Crisis and Liaison resource operating across County Durham and Darlington.

Executive Summary

“If you have a crisis, you should get extra help straightaway, whatever time of day or night it is. You should be in a safe place where a team will work with you to figure out what needs to happen next to help you in the best possible way”.

Future in mind: promoting, protecting and improving our children and young people’s mental health and wellbeing.

The UK has one of the highest rates of self-harm in Europe and suicide is the second most common cause of death for young people. Mental health crisis services for young people nationally is patchy at best, and in County Durham (until recently) little different to the national picture. In recognition of this North Durham CCG and DDES CCG commissioned Tees Esk and Wear Valleys NHS Foundation Trust to deliver a CAMHS crisis service to meet the needs of young people and their families who present in mental health crisis. £827,050 was invested in this service to cover two years from January 2014 to December 2015.

The expected benefits listed in the project proposal and service specification were:

- Reduced admission to paediatric wards at Acute hospitals
- Reduced waiting times at Accident and Emergency for young people in mental health crisis (*95% of urgent referrals responded to within 4 hours*)
- Reduction in attendance at A&E for young people in mental health crisis with no medical needs.

The service model that was developed included CAMHS Crisis nurses providing cover from 8 a.m. to 10 p.m. seven days a week with medical cover provided by existing CAMHS consultants. Young people presenting in mental health crisis outside of these hours continue to be admitted to paediatric wards overnight, with psychiatric assessment the following morning. It was agreed at the start of the pilot that a mental health assessment would be provided to any young person under the age of 18 years of age presenting at University Hospital of North Durham or Darlington Memorial Hospital in mental health crisis.

Copyright © Tees, Esk and Wear Valleys NHS Foundation Trust 2015
All rights reserved. No part of this publication may be reproduced or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, or stored in any retrieval system of any nature, without the written permission of the copyright holder.

making a

difference

together

The service model differs from existing practice in another important way. NICE guidance currently recommends that all under 16s attending an A&E department following self-harming behaviour should be admitted to a paediatric ward overnight for psychiatric assessment the following day. The new model of CAMHS crisis and liaison care that was designed incorporated principles of Crisis Care Concordat to offer mental health assessments within A&E departments and in other environments (e.g. home and police stations). The option of admission to a paediatric ward for medical reasons and / or a 'cooling off period' for the young person and their family remains, however early indications following assessment in A&E show good outcomes when young people are assessed in A&E, discharged home and provided with support at home for the next 72 hours.

The CAMHS Crisis and Liaison Service has been in operation in pilot form for the past year. Evaluation of its progress against expected benefits identifies a significant reduction in admissions to paediatric wards at the two acute hospitals (*204 overnight paediatric admissions avoided during the evaluation period*). This represents a major transformation of mental health services for young people, including reduced attendance at A&E for young people presenting in mental health crisis with no medical needs, (*reduction in 108 attendances to A&E during the evaluation period*) and continuing care for the young person in their own homes. The vast majority of young people were seen within four hours of calling the crisis service (*average wait from referral to commencement of assessment is 1hr 38 minutes*).

Having the CAMHS Crisis and liaison service available not only impacts favourably on A&E and Acute Trust pressures but enhances the resilience of the wider community. Feedback from professionals has demonstrated how valuable the service is and how much difference the service is making to patients and staff in A&E, paediatrics wards and Durham Police.

"It's crucial that the CAMHS crisis team remain in A&E as they are making a huge difference to patients and A&E staff"

A&E Nurse

"The service and staff were absolutely fantastic – the staff provided excellent support, understanding and advice at a really difficult time. Thank you so much. I don't think I would have got through the weekend without them."

Parent/carer

"Personally I thought the care by the Crisis Team was helpful, they showed passion for your wellbeing as well as your views and feelings"

Young person

“The ongoing training that has been provided to Durham police force has hugely improved our officers’ knowledge of mental health and how to deal with young people presenting in mental health crisis more appropriately and avoid the use of the cells”

Durham Police

In addition to making the case for recurrent funding beyond December 2015 this report also seeks to set out further benefits for health and the wider public sector through commissioning the service on a recurring basis to provide 24/7 working and enhanced liaison. Modest additional investment would allow for 24/7 working and provide opportunities for enhanced liaison which would increase system resilience and sustainability. Anticipated economic benefits include reduced usage of overnight paediatric beds as well as a reduction in assessment in A&E.

The County Durham Crisis and Liaison Service has received national attention, and a glowing report from the CQC. Most importantly, feedback from young people and their families in County Durham who have used the service is overwhelmingly positive. The quote below, taken from routine service user feedback, is one example of many:

“The service and staff were absolutely fantastic – the staff provided excellent support, understanding and advice at a really difficult time. Thank you so much”
Young Person

We are extremely proud of the service and its track record. Young people and their families who experience a mental health crisis no longer need to feel the isolation and endure the struggle to find support at their most vulnerable time.

We would welcome Commissioners to:

- Consider the information within this evaluation
- Agree to the proposals set out in this document in relation to recurrent funding £717,182 per annum to operate a 24/7 CAMHS Crisis and Liaison service across County Durham and Darlington.

Introduction

In April 2013 a bid was submitted to North Durham CCG, DDES CCG and Darlington CCG to seek funding to provide assessment, advice and treatment to under 18s in mental health crisis who require immediate input if they are at risk of harming themselves or others, including out of hours response. Funding was agreed by North Durham and DDES CCGs, however Darlington CCG was unable to commit to provide funding for the service.

The values for the original request for funding and the annual contract and total contract value are shown as follows:

Clinical Commissioning Group (CCG)	Annual Value (Bid £)	Annual Contract Value £	Total Contract Value £ (2 years)
North Durham CCG	181,537	181,537	363,074
Durham Dales, Easington and Sedgfield CCG	231,988	231,988	463,976
Darlington CCG	72,975	-	-
TOTALS	486,500	413,525	827,050

The annual contract value to deliver this service is £413,525 a total of £827,050 over 2 years from 1 January 2014 to 31 December 2015.

The service proposed within the application for funding that one CAMHS Crisis worker would cover all of County Durham and Darlington on a 24*7 basis and that for Monday to Friday during office hours there would be one further CAMHS Crisis worker available. There would also be a Clinical Nurse Specialist.

To operate within a reduced financial envelope the service was delivered on the basis of CAMHS Crisis clinicians covering 8am-10pm seven days a week. Young people presenting in mental health crisis outside of these hours would continue to be admitted to the paediatric ward overnight, with psychiatric assessment the following morning.

Background information

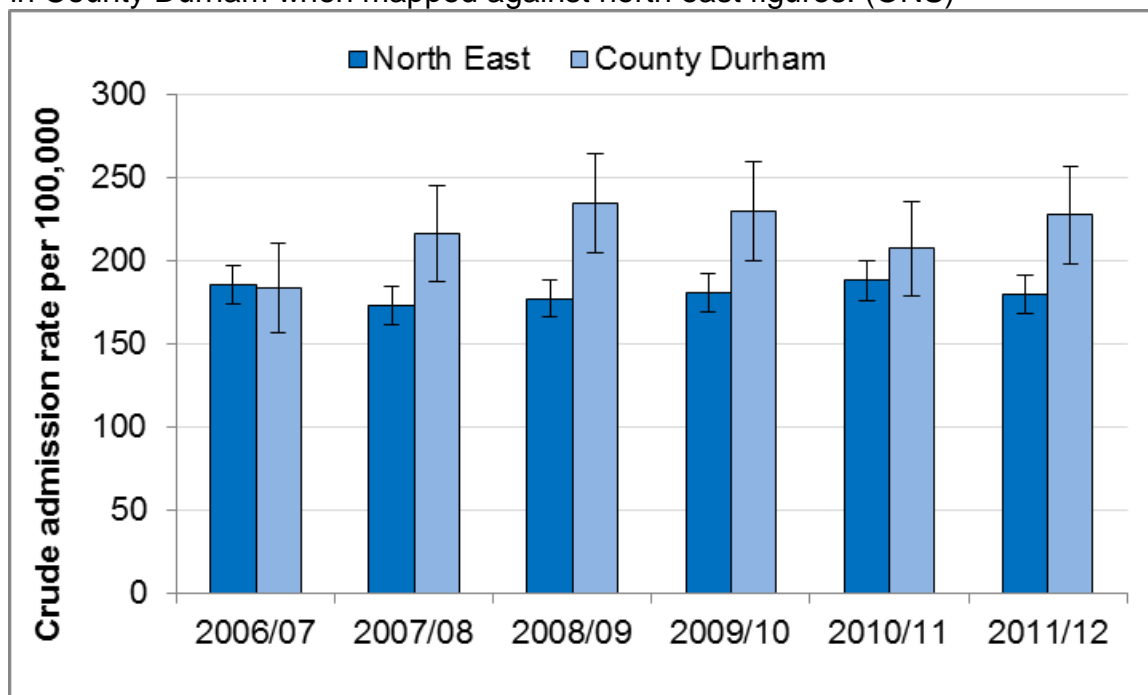
One in ten children aged 5-16 years has a clinically diagnosable mental health problem.

- For adults with long-term mental health problems, half will have experienced their first symptoms before the age of 14 and three quarters before their mid-20's.
- Self-harming and substance abuse are known to be much more common in children and young people with mental health disorders, with 10% of 15-16 year olds having self-harmed.
- Failure to treat mental health disorders in children can have a devastating impact on their future, resulting in reduced job and life expectations.

Self-harm is common, especially among younger people. 10-13% of 5-16 year olds have self-harmed. People of all ages who self-harm have a 50 to 100 fold higher likelihood of dying by suicide in the 12-month period following an episode than people who do not self-harm. Self-harm does not usually mean an attempt to commit suicide (NSPCC 'No health without mental health' HM Government, February 2011).

By carrying out careful risk assessment and care planning, the service can make a difference to the young people presenting. A joined-up approach between services is needed in which presentations are taken seriously, stigma is avoided and follow-up is carefully planned.

The following graph illustrates that self-harm admission rates of those under 18 are higher in County Durham when mapped against north east figures. (ONS)



Graph 1 - Self-harm crude admissions rate per 100,000, aged less than 18 years County Durham

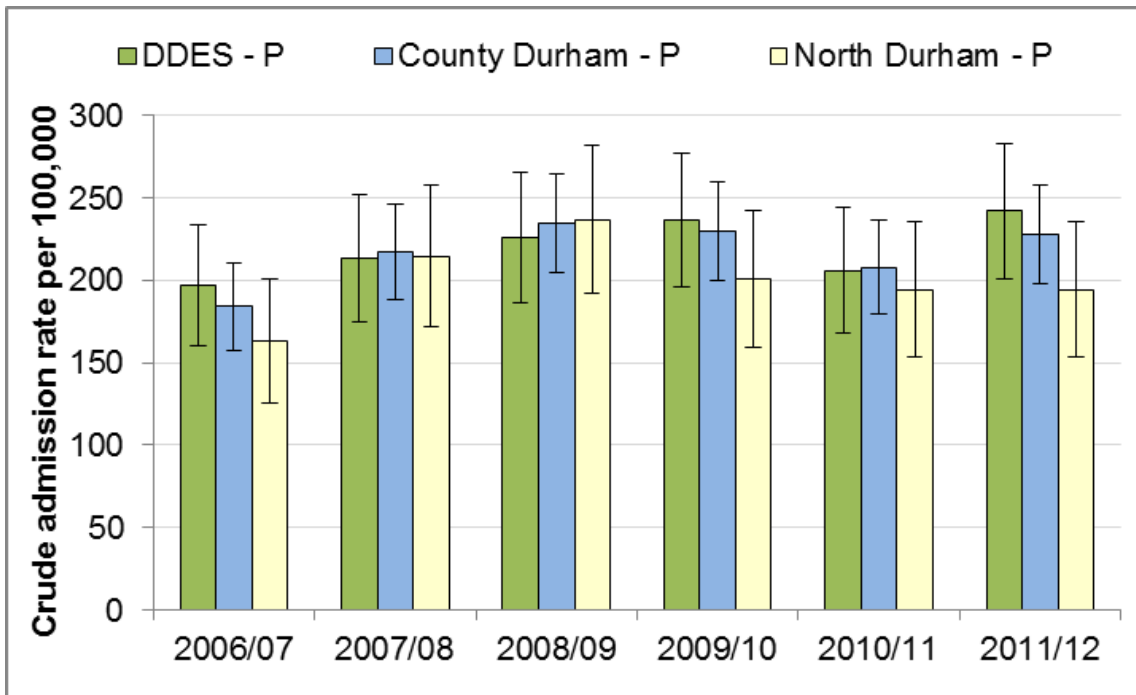
Copyright © Tees, Esk and Wear Valleys NHS Foundation Trust 2015
All rights reserved. No part of this publication may be reproduced or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, or stored in any retrieval system of any nature, without the written permission of the copyright holder.

making a

difference

together

The following graph shows rate for self-harm admission per 100,000 of under 18s for County Durham. Rates in DDES appear higher than North Durham although this is not statistically significant (because of low numbers and wide confidence intervals).



Graph.2 Self-Harm admissions aged less than 18 years, first finished consultant episodes (FFCE) and North East

Copyright © Tees, Esk and Wear Valleys NHS Foundation Trust 2015
 All rights reserved. No part of this publication may be reproduced or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, or stored in any retrieval system of any nature, without the written permission of the copyright holder.

Rationale for service development

- Suicide is the second most common cause of death for young people, but globally the most common cause of death for female adolescents aged 15–19, and yet it is preventable.
- The UK has one of the highest rates of self-harm in Europe (at 400 episodes per 100 000 population) (Hawton et al, 2012a).

Aims of service development

- To develop a service for children and young people including those with a learning disability, up until their eighteenth birthday, presenting with an acute mental health need that requires an urgent mental health assessment and plan of care
- To develop a flexible and responsive service to meet the needs of young people experiencing a mental health crisis.
- To reduce waiting time for psychiatric assessment when young people are in crisis.

Expected Benefits

- A dedicated service and more immediate treatment to an area of identified need.
- Respond to referrers' needs, which are often dealing with difficult situations on Friday afternoons and have no immediate service they can contact, and will reduce the time GPs will need to spend dealing with these situations.
- Interface with AMH crisis teams where the whole family is in crisis.
- Reduction in “repeat” self-harm presentations to A&E and subsequent admissions.
- Closer working with Care Coordinators and Lead Professionals within Tier 2 and Tier 3 CAMHS teams to ensure that care plans reflect current clinical presentation.
- Greater access to mental health professionals for those young people presenting with a mental health difficulty to GPs, the Police and EDT.

Key Findings

Findings are based on both quantitative (p10-15) and qualitative (p16-19) information and in summary were:

Quantitative

The evaluation of the service development was carried out by analysing the data collected throughout the project period (12 May 2014 – 31 December 2014). This data was collected for each case assessed by CAMHS Crisis and Liaison service and provided the source data for monthly performance reports and this evaluation.

- Number of assessments
- Source by CCG and locality of assessment
- Where assessments took place
- When assessments took place
- Referrer source
- Waiting times for assessment

Qualitative

Gathering the views of the young people, families, carers and other stakeholders was an integral part of the service development process.

The following methods were used to ensure active participation throughout the project and to ensure the involvement of patients, families and other stakeholders.

- Two focus groups with young people, parents and carers.
- A focus group for stakeholders
- Ongoing verbal and email feedback from professionals referring to the CAMHS Crisis & Liaison team
- The use of friends and family feedback forms.

More in depth qualitative feedback can be found in the section on stakeholder/patient benefits.

“They listened to me and what I had to say and what my family were saying, they were helpful.”

A young person

“My child could open up and really talk to the CAMHS Team. They listened and really got through to my child.”

The parent of a young person

Copyright © Tees, Esk and Wear Valleys NHS Foundation Trust 2015
All rights reserved. No part of this publication may be reproduced or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, or stored in any retrieval system of any nature, without the written permission of the copyright holder.

making a

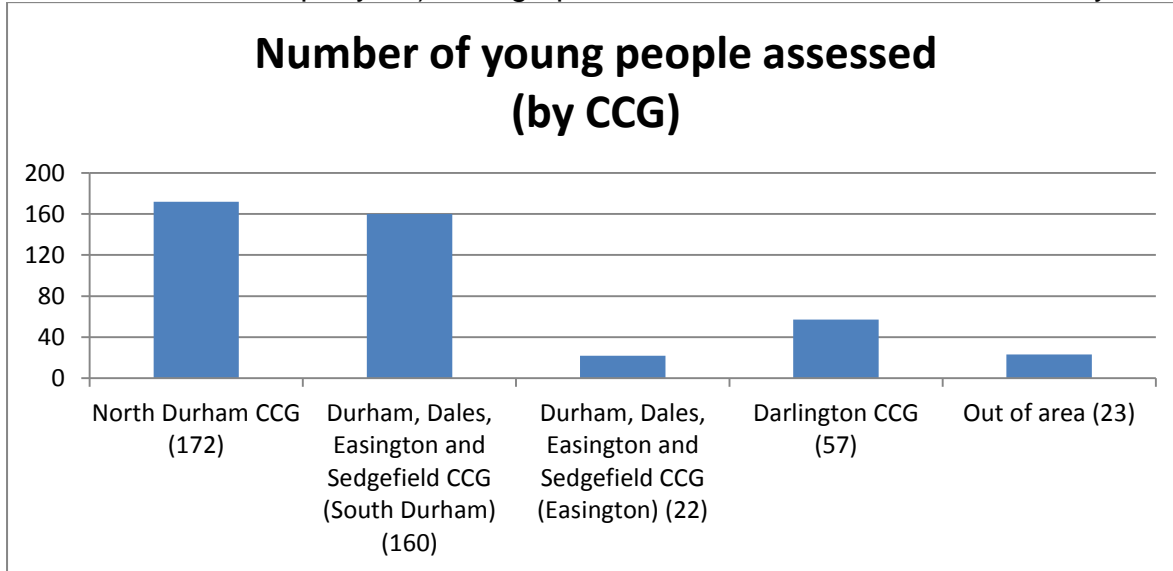
difference

together

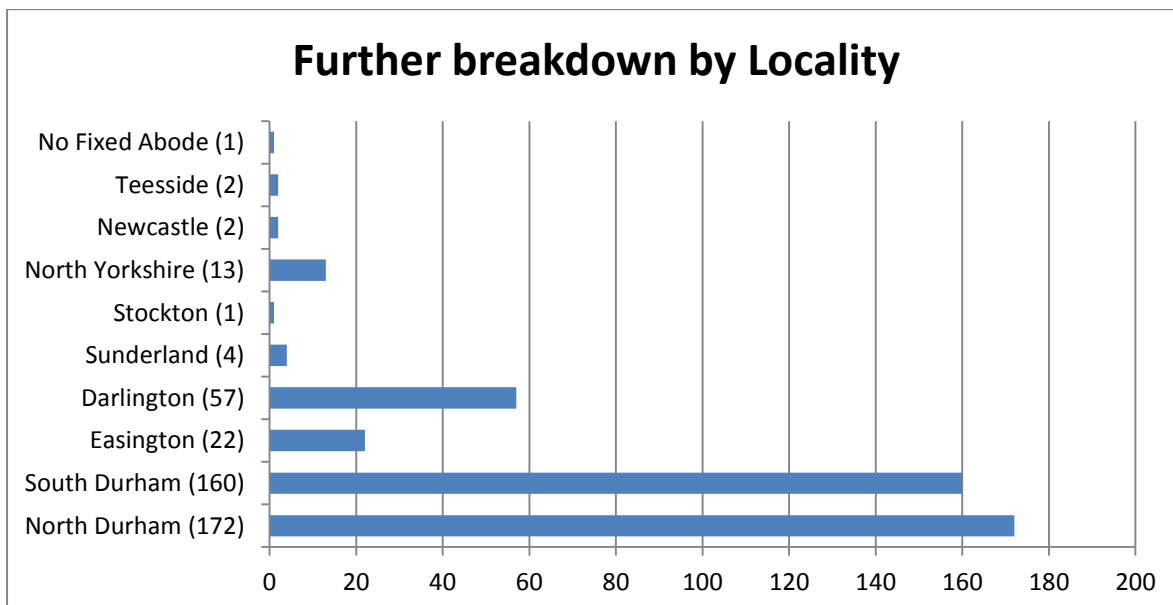
Quantitative findings

Number of assessments

During the evaluation period a total of 434 assessments were carried out (the equivalent of 677 assessments per year). The graph below shows these assessments by CCG.



The graph below gives a further breakdown of the information by CCG locality. Of the 434 assessments, 354 assessments were for young people with either a GP within DDES or North Durham and 80 assessments for young people from other CCG areas (including 57 Darlington CCG).



Copyright © Tees, Esk and Wear Valleys NHS Foundation Trust 2015
All rights reserved. No part of this publication may be reproduced or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, or stored in any retrieval system of any nature, without the written permission of the copyright holder.

making a

difference

together

Where assessments took place

Of the 434 assessments conducted by the CAMHS Crisis and Liaison Team, 239 assessments took place at either Darlington Memorial Hospital (DMH) or University Hospital North Durham (UHND).

	Assessments (Number)	%age
Assessments at Acute Trust - UHND / DMH*	239	55%
Community assessments	195	45%
Total assessments by crisis team	434	100%

*Of the 239 young people assessed at the Acute Trust, 131 were assessed at the UHND and 108 at DMH.

A&E / Community assessment and ward admittance

Of those 239 young people assessed at UHND and DMH, 130 were assessed on the paediatric wards due to admission to hospital outside of crisis team working hours or not appropriate to be assessed in A&E due to medical needs.

	Assessments (Number)	%age
Assessment on paediatric ward	130	54%
Assessment at A&E	109	46%
Assessments at UHND / DMH	239	100%

Of the 130 patients who were admitted to the wards and subsequently assessed there, 65 were admitted outside of the crisis-team working hours, and an additional 10 required urgent medical attention, leaving 55 young people who remained on the wards overnight for observations of physical or mental health needs or both. Of these young people, 46 were admitted after presenting with an overdose.

Of those 239 young people assessed at UHND and DMH, 109 were assessed in the A&E department.

	Assessments (Number)	%age
Admissions to paediatrics following assessment in A&E	13	12%
Not admitted to paediatric bed following assessment in A&E	96	88%
Assessments at A&E	109	100%

Of the 109 young people assessed in A&E, only 13 were subsequently admitted to a ward. That meant, during the period of the evaluation, the crisis team were able to avoid 96 admissions to paediatric beds which would otherwise have occurred whilst young people awaited a duty mental health assessment the following day.

Copyright © Tees, Esk and Wear Valleys NHS Foundation Trust 2015
All rights reserved. No part of this publication may be reproduced or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, or stored in any retrieval system of any nature, without the written permission of the copyright holder.

making a

difference

together

Reasons for presentation

In addition, of the 195 assessments which took place in community settings, 108 individuals presented with suicidal ideation, panic attacks or threats of self-harm. Traditionally, presentations such as these would be directed to A&E and admitted to a paediatric ward over-night for a psychiatric assessment the following day. Meaning the availability of the CAMHS Crisis and Liaison team has alleviated pressure on A&E departments within the county by an additional 108 presentations during the time period of the evaluation.

Presentation	Assessments (Number)	%age
Other reason	87	45%
suicidal ideation, panic attacks or threats of self-harm	108	55%
Total assessments outside of A&E (location non A&E)	195	100%

Therefore the overall reduction in overnight stays on paediatric wards could be up to 204 (96 not admitted to paediatric bed following assessment in A&E and 108 assessed in the community where a paediatric admission would previously have been made).

“The service and staff were absolutely fantastic – the staff provided excellent support, understanding and advice at a really difficult time. Thank you so much. I don’t think I would of got through the weekend without them.”
 Parent of a young person

When assessments took place

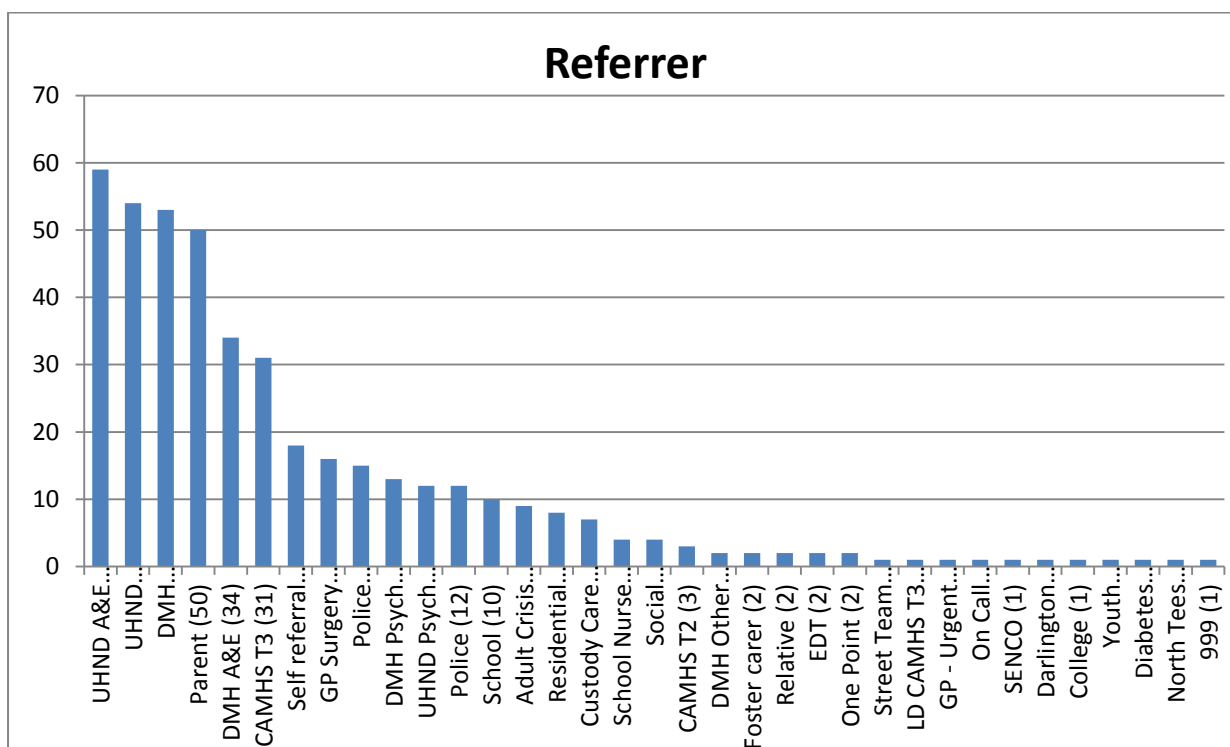
- 73% took place took place between 8am – 10pm.
- 27% of assessments presented outside of current CAMHS crisis hours 10pm-8am and were admitted to the paediatric ward that night and therefore assessed between 8am-10am on the paediatric ward the following morning.
- The service piloted 24/7 working for 2 weeks in January 2015 and this confirmed that a 24/7 service would improve efficiency and remove waste by creating a pull system as well as eradicating batching of overnight assessments.

“That I could stay at home and have my family around.”
 A young person

“Support in our home is so much more beneficial than trying to get my teenage daughter to appointments”
 The parent of a young person

Referrer Source

The following graph demonstrates the wide variation of referrers.



Of particular importance are the numbers of referrals that are received from either A&E or paediatrics. The availability of CAMHS Crisis and Liaison service at the earliest possible time provides the most appropriate intervention at that time meaning better outcomes for young people and their parents/carers.

Where Acute Trust colleagues know that the right support is available to young people and their parents/carers in either A&E or the paediatric ward they are able to give their full attention to meeting the urgent medical needs of people in A&E including meeting waiting times. The impact of diversion from A&E is also of significant value in indirectly supporting acute Trust colleagues in achieving waiting times targets.

Parents were the fourth highest category of referrers and self-referral the seventh highest category of referrer. This demonstrates the open access approach to crisis care is very appropriate.

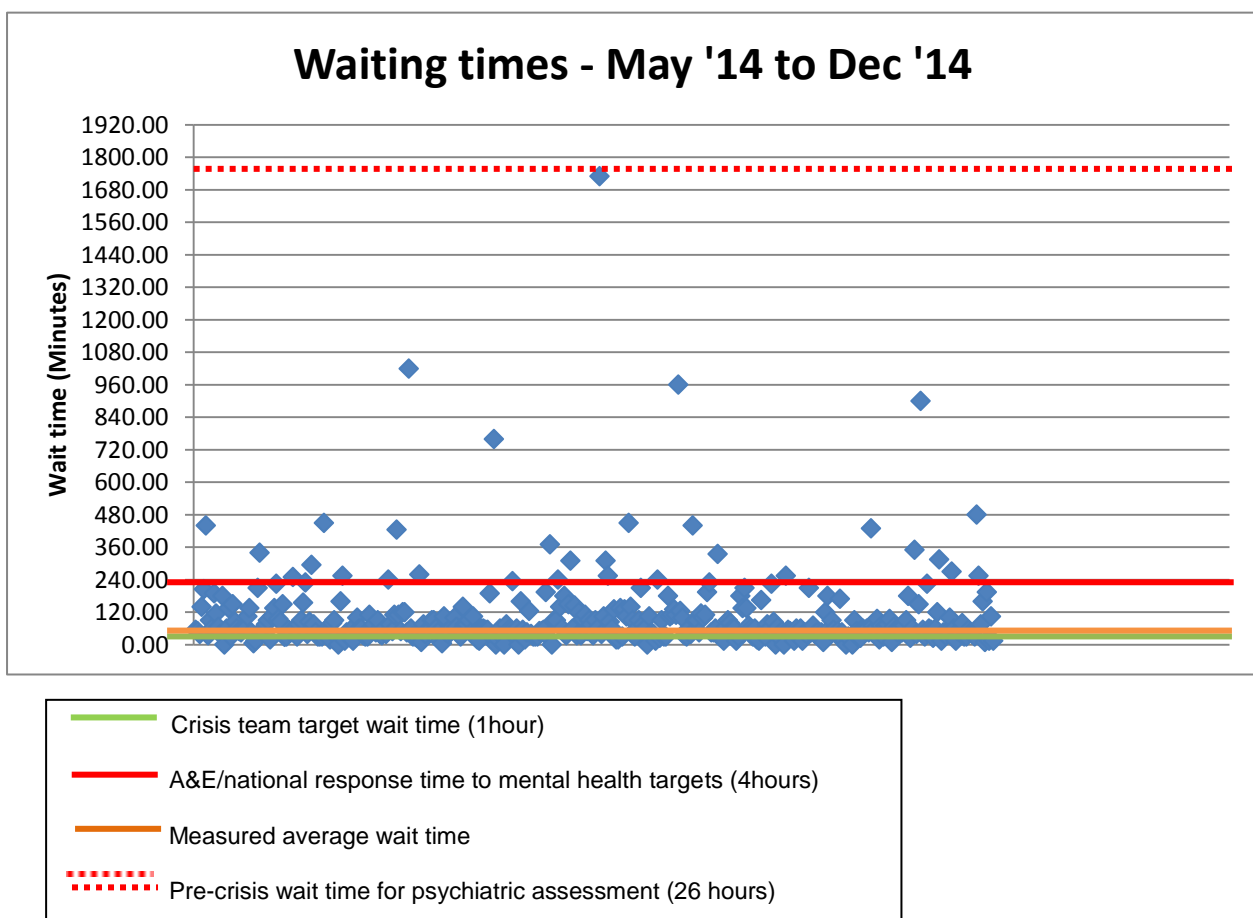


Waiting times

The service specification for the CAMHS Crisis and Liaison service stated that “When fully operational the service will look to respond within the 4 hour period to urgent referrals” (95% achievement).

Where reliable waiting time information was available for (386 assessments), the average waiting time was 1 hour 38 minutes. This is a substantial improvement over the previous expected waiting time for a psychiatric assessment which was between 18-26 hours.

A breakdown of the waiting times for all 386 assessments is shown in the graph below



Of the total 434 assessments which took place, waiting times were unavailable for 28 assessments, and so these have been excluded from analysis. A further 20 were excluded as the young person presenting in mental health crisis had an urgent need for medical care, and so conducting an assessment immediately was not possible.

Copyright © Tees, Esk and Wear Valleys NHS Foundation Trust 2015
All rights reserved. No part of this publication may be reproduced or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, or stored in any retrieval system of any nature, without the written permission of the copyright holder.

making a

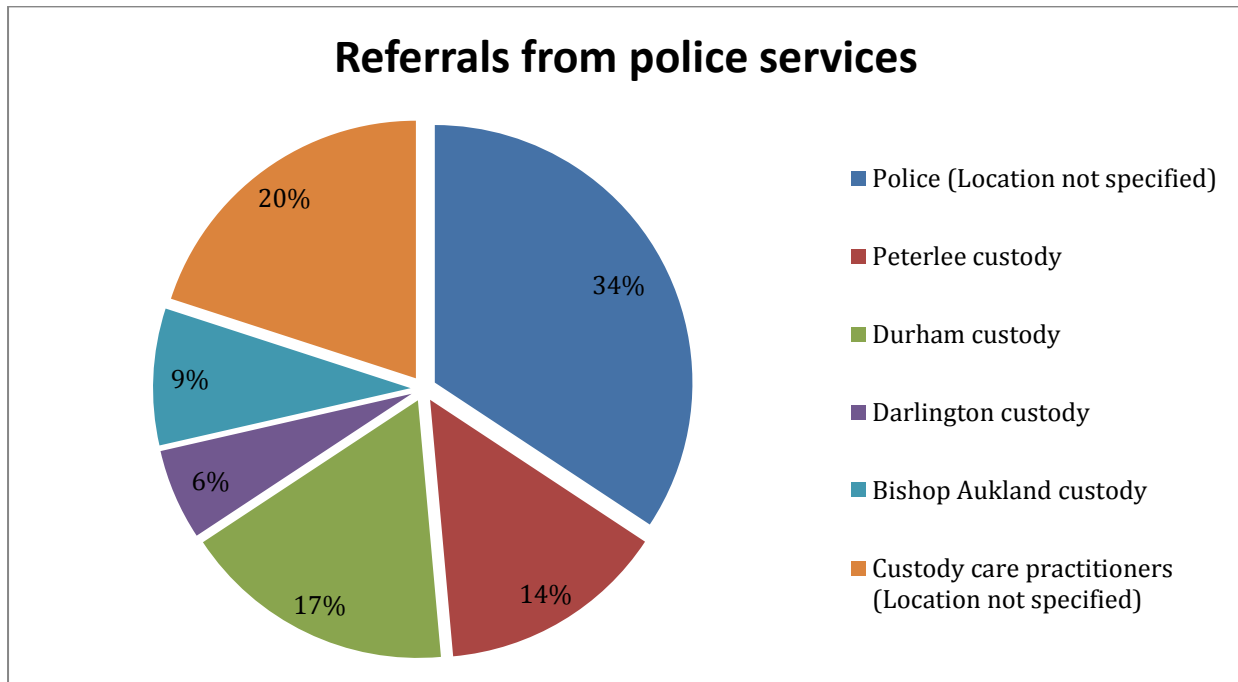
difference

together

The graph on page 15 shows that the Crisis team were able to assess the 83% of presentations in less than 4 hours. This has had a substantial impact in terms of relieving the strain on front-line emergency services, as well as improving patient experience by offering faster access to necessary services

Police referrals

Of the 434 referrals received by the Crisis Team, 35 were received from the police. The locations from which these referrals came are outlined in the chart below.



The 34% of Police referrals (location not specified) were received from 24/7 response or community police officers. With further evidence gathering it will be possible to measure the impact on the reduction of young people detained on a 136 section by the police due to police access to a responsive CAMHS crisis team.

Qualitative findings

Patient/stakeholder benefits

To ensure an active participation approach throughout the project, the following methods were used to ensure the involvement of patients, families and other stakeholders.

- Two focus groups with young people, parents and carers.
- Gathered ongoing verbal and email feedback from professionals /stakeholders referring to the CAMHS Crisis & Liaison team
- Routine use of the friends and family feedback forms.

Focus Groups – young people, parents and carers

Twelve young people and four parents and carers attended the focus groups.

The main themes from the young people, parent & carer focus groups were:

- Easy and quick access out of hours to CAMHS clinicians when needed
- Telephone support
- Support from staff within the home

- Feedback from parents, carers and young people “The service and staff were absolutely fantastic – the staff provided excellent support, understanding and advice at a really difficult time. Thank you so much. I don’t think I would of got through the weekend without them.”
- “Personally I thought the care by the Crisis Team was helpful, they showed passion for your wellbeing as well as your views and feelings”
- “I don’t think anything needs improving as they show care and seriousness about how to help young people”
- “The service I received was the best I’ve had. Thank you.”
- “They listened to me and what I had to say and what my family were saying, they were helpful.”
- “Quick response in a time of great need – vital for my bipolar episode”
- “That I could stay at home and have my family around.”
- “I think there should be more therapy groups; I also think there should be a day patient service.”
- “Service was excellent. Speed and skill vital when my daughter is unwell (bipolar). Her Autism was taken into consideration.”
- “There needs to be a joined up service. My daughter is currently under CAMHS in North Yorkshire and there appears to be a vast difference in the quality of service available. I appreciate that this is a different issue, but it is frustrating as you all belong to the same Foundation Trust.”

- “As a parent I have benefited from a face to face meeting / follow up, even though my child did not need ongoing care.”
- “Excellent and committed staff”

Feedback from Professionals

There are clear qualitative as well as quantitative benefits from reducing the numbers of young people in crisis who are assessed in A&E or admitted to the paediatric ward. Having the CAMHS Crisis and assessment service available not only impacts favourably on A&E and Acute Trust pressures but enhances the resilience of the wider community:

- Local authority
- Looked after Children
- Police
- Education
- Tier 3 CAMHS
- Tier 4 CAMHS

The following feedback has been given by stakeholders:

- “it’s crucial that the CAMHS crisis team remain in A&E as they are making a huge difference to patients and A&E staff”
- “great support on the paediatric ward”
- “parity of esteem”
- “what a difference, for the good”
- “the ongoing training that has been provided to Durham police force has hugely improved our officers knowledge of mental health and how to deal with young people presenting in mental health crisis more appropriately and avoid the use of the cells”
- “Joint/shared decision making between acute staff and TEWV staff”

Feedback from CQC inspection – highlighted under good practice within the report:

“The CAMHS teams in Durham and Darlington had recognised there was a gap in provision of crisis intervention for young people and children. In response, and using patients’ feedback to shape the service, the teams had developed a crisis service, open seven days a week 8 am to 10 pm, and piloted overnight. The service had good working relationships with the local police and had resulted in a reduction of admissions to hospital by over 50%”.

CQC

The following case studies demonstrate the wide range of crisis situations the team are working with and the impact on the wider public sector.

- **7 year old child** presenting with challenging behaviours resulting in very frequent contact by parents and carers for advice and de-escalation support out of hours. At 8pm one evening the Crisis team were able to offer an assessment when family were unable to support any further. The team were also able to identify issues contributing to behaviours at time of crisis and offer support/advice. Safeguarding issues were highlighted due to assessment within the home environment. **Clear joint working with safeguarding services.**
- **15 year old girl** with complex history of trauma and abuse. Looked after child and ongoing chaotic family relationships. Significant risk taking behaviours and complex presentation raising concerns regularly amongst primary care team about mental state. However no diagnosis of mental health disorder, presentation related to trauma. She has regular involvement with the Crisis team on **evenings and weekends** and has had several short admissions to tier 4 CAMHS inpatient bed. The crisis team are working closely with care staff to provide support and 'containment', working across Tier 4 and Tier 3 to develop care plans and encourage consistent approach to care. The system around the young person is chaotic, increasing chaotic behaviours and contributing to distress. The Crisis team have been able to observe presentation during crisis and identify issues contributing to this. **Formal training planned for care home staff and close liaison with Tier 3 CAMHS ongoing.**
- **17 year old girl** with persistent and high risk episodes of self-harm. 'Revolving door' between community and in-patient unit with frequent episodes of crisis. Evenings and weekends with police involvement. The Crisis assessment identified lack of consistent or clear care planning between agencies contributing to chaotic behaviours and young person's feelings of hopelessness. Crisis team helped young person develop whole service care plan with advance planning for episodes of crisis and was able to act as a care co-ordinator to ensure all agencies were aware of the future plan of care. To date **no further inpatient admissions and reduced episodes of crisis – young person empowered to manage own emotional difficulties.**

The following case studies demonstrate the wide range of crisis situations the team are working with and the way in which they are working with young people and their parents/carers.

- **15 year old girl** never been known to mental health services. Impulsively climbed a tree and placed an old rope swing left on the tree around her neck. She was aware her parents were following her and her intention was to demonstrate the strength of her feelings about not wishing to attend school. No suicidal intent reported. Unfortunately branch snapped resulting in near hanging and parents cutting girl down from tree and performing CPR at scene. Girl very close to death but fortunately made full recovery. Impact on parents understandably huge and support was able to be given to parents and girl very soon after arrival at A&E by the team. **Follow up at home and on ward for both young person and parents with support to access community CAMHS team for further work** around risk taking behaviours and assessment of possible ADHD. Benefit of crisis assessment was clear understanding of level of trauma for parents and young person at time of crisis which would not have been as evident next day when parents were beginning to feel angry (normal reaction) – however, may have been assessed as family dynamic issues rather than trauma reaction.
- **16 year old boy** with complex presentation: borderline LD, ASD, physical health problems requiring adjustment (with risk of chronic sadness and rebellion against diagnosis). Very high risk self-harm (overdose of insulin) on several occasions. Crisis team involvement and close liaison with Tier 3 CAMHS and social care **identified lack of services to meet young person and family's needs which was exacerbating behaviours and increasing risk**. Benefit of crisis involvement was **objective evaluation** of young person's presentation and **needs** and understanding of level or cognitive functioning in terms of understanding risk.
- **14 year old boy**, struggling with sexuality issues and low mood. Regular calls for support and advice to the crisis team to avoid using self harm as a coping strategy to manage his feelings. **On average 15 minute telephone calls providing low level interventions to reduce feelings of hopelessness and increase feelings of self-worth**. Young person reports telephone calls as “a lifeline”.

Service Development – Financial Impact

The service development costs were funded by North Durham CCG and Durham Dales Easington and Sedgfield (DDES) CCG as follows:

Clinical Commissioning Group (CCG)	Annual Value (Bid £)	Contract Value Period of Evaluation £	Annual Contract Value £
North Durham CCG	181,537	116,184	181,537
Durham Dales, Easington and Sedgfield CCG	231,988	148,472	231,988
Darlington CCG	72,975	-	-
TOTALS	486,500	264,656	413,525

Although Darlington CCG was not able to commit to funding the project the service had to be provided to service users in that locality regardless of the registered GP or it would have meant choosing not to see patients in crisis on the basis of GP. It was therefore agreed with commissioners at the start of the pilot that a mental health assessment would be provided to any young person less than 18 years of age presenting at University Hospital of North Durham or Darlington Memorial Hospital in mental health crisis.

There were significant financial and qualitative benefits associated with the provision of this service as follows:

Reduction of admissions to overnight paediatric beds

Over the period of the evaluation there was a reduction of 204 admissions to overnight paediatric beds comprised as follows:

Admissions to overnight paediatric beds	Assessments (number) (during period of evaluation)	Assessments (number) (Pro-rated annual)
Assessment at A&E- not admitted to paediatric ward (109 assessment at A&E less 13 admitted = 96)	96	150
Assessment at other community locations presentation suicidal ideation, panic attacks or threats to self-harm.	108	168
Total assessments where overnight admission to paediatric beds was avoided	204	318

This equates to a reduction of 318 admissions to overnight paediatric beds per year.

The savings to commissioners from avoiding admissions to overnight paediatric beds based on the most likely spell costs for type of admissions £819 per spell was £167,076 for the period of the evaluation (equivalent to £260,442 per annum).

	Number of overnight admissions avoided (during period of evaluation)	Number of overnight admissions avoided (Pro-rated annual)	Tariff (per spell) £	Savings over period of evaluation £	Prorated annual savings £
Reduction of admissions to overnight paediatric beds	204	318	819	167,076	260,442

(Indicative HRG codes PA57Z Examination, Follow-up, Special Screening and Other Admissions with length of stay 1 day or more non-elective) £819 per spell, PA51Z Child Safeguarding (Welfare and Protection) £813 per spell and PA08B Intermediate injury without inter-cranial injury without complications £813 per spell) (2014/15 excludes MFF)

Not all of those savings may be directly realisable by the acute trust or commissioners. If 318 admissions are avoided and these admissions are of one night duration that will equate to the use of one paediatric bed in County Durham and Darlington at 87% utilisation.

In terms of avoiding 318 young people every year being admitted to hospital overnight the qualitative benefits are significant to those young people and their families. In addition the importance of being able to assess and treat young people in mental health crisis at the earliest time and in the most appropriate setting cannot be overstated. Again taking the pressure off acute Trust colleagues to concentrate on urgent medical needs of young people on paediatric wards whilst urgent mental health needs are supported by other health professionals is significant.

Reduction of attendances at A&E

Of 195 assessments in community settings 108 were for presentations of suicidal ideation, panic attacks or threats of self-harm where without the CAMHS Crisis and Liaison service the young people would have been directed to A&E and admitted to a paediatric ward overnight for a psychiatric assessment the following day. Therefore over the period of the evaluation there was a reduction of attendances at A&E for assessment of 108 which equates to a reduction of 168 assessments per year.

	Number of attendances at A&E avoided (period of evaluation)	Number of attendances at A&E avoided (pro-rated annual)	Cost of A&E attendance Tariff £	Savings over Period of Evaluation £	Prorated Annual Savings £
Reduction of attendances at A&E avoided	108	168	143	15,444	24,024

(Indicative HRG codes VB05Z Category 2 investigations with category 3 treatment £143 per attendance)

Copyright © Tees, Esk and Wear Valleys NHS Foundation Trust 2015

All rights reserved. No part of this publication may be reproduced or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, or stored in any retrieval system of any nature, without the written permission of the copyright holder.

making a

difference

together

Although the savings are relatively small in financial terms the impact on the young person not needing to be assessed in A&E and the consequent impact on the A&E team with already significant pressures cannot be overstated.

Total financial impact from savings from acute hospital admissions and A&E attendance

	Overnight admissions/ A&E attendances avoided (period of evaluation)	Overnight admissions/ A&E attendances avoided (Pro-rated annual)	Tariff (per spell) £	Savings over Period of Evaluation £	Prorated Annual Savings £
Reduction of admissions to overnight paediatric beds	204	318	819	167,076	260,442
Reduction of attendances at A&E avoided	108	168	143	15,444	24,024
Total savings from reduction of acute admissions and A&E attendances avoided	-	-	-	182,520	284,466

The total financial impact from reduction of acute hospital overnight admissions and avoided A&E attendances was £182,520 over the period of the evaluation (£284,466 for the entire year)



Potential for further reduction of admissions to overnight paediatric beds

There were 130 assessments on the paediatric wards due to admission to hospital outside of crisis team working hours or unable to be assessed in A&E due to medical needs during the period of the evaluation which equates to 203 per annum.

If the Crisis Team service were to be funded to extend provision to provide a twenty four hour service there would be potential to make further qualitative and financial savings and benefits to young people and their families.

Not all of these admissions may have been avoidable because of physical/medical health needs at the time, however the savings based on the information for assessment in A&E where admission was subsequently not required indicates that this figure is 88%. Therefore if 24/7 Crisis and Liaison had been available a further 179 admissions may have been avoided at a saving of £146,601 per annum.

	Number of overnight admissions (period of evaluation)	Number of overnight admissions (Prorated annual)	Number of overnight admissions avoided (prorated annual) (88% avoided)	Tariff (per spell) £	Prorated Annual Savings £
Further potential for reduction of admissions to overnight paediatric beds	130	203	179	819	146,601

(Indicative HRG codes PA57Z Examination, Follow-up, Special Screening and Other Admissions with length of stay 1 day or more non-elective) £819 per spell, PA51Z Child Safeguarding (Welfare and Protection) £813 per spell and PA08B Intermediate injury without inter-cranial injury without complications £813 per spell) (2014/15 excludes MFF)

The table below shows total potential financial savings from avoidance of admission based on 24/7 provision of CAMHS crisis service.

	Overnight admissions/ A&E attendances avoided (period of evaluation)	Overnight admissions/ A&E attendances avoided (pro-rated annual)	Tariff (per spell) £	Savings over Period of Evaluation £	Prorated Annual Savings £
Total savings from reduction of acute admissions and A&E attendances avoided	-	-	-	182,520	284,466
Reduction of admissions to overnight paediatric beds at night (admission avoided 88% of times)	(130) 114	(203) 179	819	93,366	146,601
	-	-	-	275,886	431,067

Copyright © Tees, Esk and Wear Valleys NHS Foundation Trust 2015

All rights reserved. No part of this publication may be reproduced or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, or stored in any retrieval system of any nature, without the written permission of the copyright holder.

making a

difference

together

Impact of CAMHS Crisis and liaison Team on CAMHS services

There were 434 assessments conducted by the CAMHS Crisis Team during the period of the evaluation which equates to 677 assessments per year which is almost two per day. In addition to the assessment the intensive follow up supporting young people and their families would otherwise either not be possible meaning potential for Tier 4 admission, and immediate impact on Tier 3 and Targeted services.

Proposed Workforce and Financial Model for CAMHS Crisis and Liaison Team

The following pay and non -pay expenditure costs per annum, for a 24*7 service which includes capacity Monday to Sunday for 12 hours per day would be as follows:

Post	WTE	Annual £
CAMHS Crisis clinician	11.44	635,047
Clinical Lead	1.00	54,652
Admin support	1.00	27,483
TOTALS	13.44	717,182

The costs of the service are proposed as to be met by County Durham and Darlington commissioners on a fair shares basis as follows:

Commissioner	£ Annual
North Durham CCG	267,616
Durham Dales, Easington and Sedgefield CCG	341,989
Darlington CCG	107,577
TOTALS	717,182

The case for recurrent funding / proposals

The following will be delivered if recurrent funding is secured for the CAMHS Crisis and Liaison Service to operate with the above workforce and financial model:

- Existing service as outlined above up to 677 assessments per year and intensive support and follow up to young people and their families.
- Enhance the service to 24/7 given that 27% of assessments present outside of current CAMHS crisis hours. 10pm-8am
- Support clinical advice via telephone 24/7 – development of tele triage, early intervention & prevention approach which will link to targeted CAMHS services.
- Service delivered throughout Durham and Darlington
- Continue with Police training
- Develop and publish clear, evidence based, up to 4 hour model of CAMHS Crisis assessment.

Conclusion

The key project benefits have been:

- Reduction in 204 admissions to overnight paediatric beds (318 per annum)
- Potential to further reduce overnight paediatric admissions by 179 per annum
- Reduction in 108 attendances to A&E (168 per annum)
- Reduction in time waited for young people and families (26 hours reduced to average 1hr 38 minutes)
- Increase of 45% in community CAMHS crisis assessments

“I feel comfortable talking to the adults I see, I trust them a lot, I feel I would be lost without them”.

A young person

“The service I received was the best I’ve had. Thank you.”

A young person

Additional benefits

The following additional benefits have been delivered:

- Increase in multi-agency working around the identified risks and ensuring co-ordinated care for young people and their families.
- Police training – mental health awareness
- All service, person centred care plans. Comprehensive care plans for all young people who move around specialist CAMHS services. These care plans are being developed in collaboration with the young people when they are not in crisis.
- Post suicide support interventions. The Crisis team has become an integral part of the community suicide response plan. Providing support where appropriate following a suicide of a young person. An example of this is CAMHS crisis staff attended vigils and community gatherings. Supporting school staff and police colleagues.
- Working alongside adult mental health colleagues to support transition from CAMHS to AMHS
- 111 developments. Working with commissioners to enhance the current 111 provision so callers concerned about the mental health of their child/young person can be transferred to speak to a CAMHS clinician for advice, rather than directed to A&E.
- Open support via telephone to the wider children's workforce.
- An open, accessible, quick response to urgent mental health assessments.
- Support to parents and carers
- Support and access to clinical advice for Durham Police force Support and access to clinical advice for Acute hospital staff

*“My child could open up and really talk to the CAMHS Team. They listened and really got through to my child.”
Parents of young people*

*“Staff knowledge, understanding, patience and advice at the time of crisis as well as follow up support.”
Parents of young people*

In addition the project also supports the following CCG strategic aims:

Priority Area	Description
	Urgent Care
	Mental Health
Reducing Activity	Non elective activity pressure
	A&E activity pressure
Quality Premium	reducing potential years of lives lost through causes considered amenable to healthcare
	improving access to psychological therapies
	reducing avoidable emergency admissions
	improving the reporting of medication-related safety incidents
NHS Outcomes Framework	Preventing people from dying prematurely
	Enhancing quality of life for people with long-term conditions
	Helping people recover from periods of ill health or following injury
	Ensuring people have positive experience of care
	Treating and caring for people in a safe environment and protecting them from harm
Strategic Aims and Objectives	Support children and young people to make healthy choices and have the best start in life
	Reduce health inequalities and early deaths
	Improve quality of life, independence and care and support for people with long term conditions
	Improve mental health and wellbeing of the population
	Protect vulnerable people from harm
	Make best use of public funds to ensure health and social care meets the assessed needs of the population and is safe, sustainable and effective

Recommendations

Commissioners are requested to:

- Consider the information within this evaluation
- Agree to the proposals set out in this document in relation to recurrent funding £717,182 per annum to operate a 24/7 CAMHS Crisis and Liaison service across County Durham and Darlington.

*I hope CAMHS Crisis remain at Durham Hospital – out of hours vital!
A young person's mother*

*“Everyone involved cared about us and were very reassuring. They did everything they promised”
The parent of a young person*

*“it's crucial that the CAMHS crisis team remain in A&E as they are making a huge difference to patients and A&E staff”
A professional*

Additional Feedback

Feedback from young people, parents, carers and non-mental health professionals

SERVICE USER FEEDBACK – 12 – 18 years old		
What was really good about your care?	Was there anything you didn't like or anything that needs improving?	Is there anything else you want to tell us about the service you received?
Personally I thought the care by the Crisis Team was helpful, they showed passion for your wellbeing as well as your views and feelings.	I don't think anything needs improving as they show care and seriousness about how to help young people	The service I received was the best I've had. Thank you.
Very quick response, helpful advice, always there.	24 hours open	Very, very useful service
They listened to me and what I had to say and what my family were saying, they were helpful.	No – they were helpful.	No
Everybody is very nice and cheerful, they made me feel relaxed.	I didn't like repeating my problem.	When I miss appointments I would like to talk online.
That I could stay at home and have my family around.	No	
I was took serious and my views put into consideration.	No – everything went good, really good service.	
I feel comfortable talking to the adults I see, I trust them a lot, I feel I would be lost without them.	I think there should be more group therapy groups, but different mindfulness, I also think there should be a day patient service.	No, I'm happy with the service.

SERVICE USER FEEDBACK – Parent or Carer		
What was really good about your care?	Was there anything you didn't like or anything that needs improving?	Is there anything else you want to tell us about the service you received?
Staff knowledge, understanding, patience and advice at the time of crisis as well as follow up support		The service and staff were absolutely fantastic – the staff provided excellent support, understanding and advice at a really difficult time. Thank you so much. I don't think I would of got through the weekend without them.
Quick response in a time of great need – vital for bipolar episode	Service was excellent. Speed and skill vital when my daughter is unwell (bipolar). Her Autism was taken into consideration.	I hope CAMHS Crisis remain at Durham Hospital – out of hours vital!
They gave my child the help she needed and supported her really well, pleased with what has been done for her.	No – happy with the service provided.	Support in our home is so much more beneficial than trying to get my teenage daughter to appointments
My child could open up and really talk to the CAMHS Team. They listened and really got through to my child.	No	No

SERVICE USER FEEDBACK – Parent or Carer		
What was really good about your care?	Was there anything you didn't like or anything that needs improving?	Is there anything else you want to tell us about the service you received?
Although my son has had involvement with CAMHS since 12, I feel that this is the first time our fears and concerns were really listened too	No	Would not change a thing, staff are brilliant!
The care received by your CAMHS Crisis Team was excellent while my daughter was in hospital. The way Richard understood my daughters feelings and managed to calm the worries was very good.	There needs to be a joined up service. My daughter is currently under CAMHS in North Yorkshire and there appears to be a vast difference in the quality of service available. I appreciate that this is a different issue, but it is frustrating as you all belong to the same Foundation Trust.	
We were kept updated on things and everything was dealt with really quickly.	No	Everyone involved cared about us and were very reassuring. They did everything they promised.
Staff were very friendly and on the ball	No	Brilliant
It was readily available at the time it was needed i.e. weekend.	As a parent I may have benefited from a face to face meeting / follow up, even though my child did not need ongoing care.	Excellent and committed staff