# Title: Update regarding Brookside Young People’s Mental Health Unit

## Report of the North East London Foundation Trust (NELFT)

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## Summary:

The NELFT Brookside Inpatient Unit for the north east London area is commissioned by NHS England. Located in Redbridge (Barley Lane) it provides mental health inpatient care (commonly referred to as Tier 4 services) for 13 -17 year olds. The vast majority of patients are from the surrounding London Boroughs of Barking and Dagenham, Havering, Redbridge and Waltham Forest; however beds are also available through a national allocation system to support a nationwide access to inpatient beds for this age group. This can result in many patients being from areas far beyond those of the neighbouring boroughs. A Trust decision to temporarily close the Unit was taken on the 25 April 2016.

This report is to provide the Health and Adult Services Select Committee (HASSC) with an update on progress since the closure and an outline of plans for re-opening and transformation of care for children and young people with the most severe mental health needs.

## Recommendation(s)

The Committee is recommended to note the progress made to date and the actions for commissioners.

## 1. Introduction and Background

1.1 Staffing and environmental concerns were identified by the clinical team, these have been risk assessed and a Trust decision was taken to temporarily close the Unit to support remedial actions to be undertaken in a swift manner that would not be possible should the Unit remain open. The decision to temporarily close the Unit was supported by the CQC and was communicated to the commissioners; NHS England and key partner agencies as soon as the decision was taken. This included the Local Authority, the CCG, Healthwatch, LSCB chairs and surrounding acute NHS Trusts and specialist CAMHS providers.
1.2 All current patients were either moved to other inpatient units within the London/Essex areas, or where possible have been supported at home through a revised model of care in their home environment. For Barking and Dagenham this has meant that one young person in the high dependency Unit was transferred to another London based inpatient unit and two day attendance patients are now accessing support, care and education services at home. Each child has an individual care plan and the parents/carers have been fully involved in this process. The young people have also had a definitive say in the best place for their care and for many the option to be supported at home as opposed to moving to a new unit has been positively received. All community CAMHS services, who share the care of these children and young people, have also been involved in developing care plans and discharge plans where appropriate.

2. Action taken to date

2.1 The Trust has been working with NHS England and the CCG on a recovery action plan and urgent estates modifications have been accelerated. This has included further enhanced modifications to the Unit to enable it to be a safe and welcoming environment. The unit management team have actively recruited a number of staff who are now in the process of appointment which will bring the total substantive establishment to an appropriate operational level.

In addition funding to support the development the extension of the Interact service (available beyond the current operating times of Monday – Friday, 9 - 5pm) has ensured that urgent and crisis response has been achieved through the Vanguard Urgent and Emergency Care work stream.

NELFT have supported the CCG commissioner for CAMHS Transformation for a further funding opportunity to establish a self-harm crisis support function as part of the overall high intensity service offer as these are often the most risky young people who are considered for admission. Further formal notification on the outcome of the bid is awaited.

Those young people who are being treated in the community under a home based, high intensity support programme has been particularly successful with a reduced number of incidents and risk reduction seen in all cases.

3. Options for future provision

3.1 Further discussion over future models of care and support has taken place with the commissioners with a view to reopening the Brookside Unit for admissions. This is anticipated to be in Early August dependent on agreement from NHSE Specialist Commissioning. This will also include the repatriation of any young people in other units in conjunction with where they are in their care pathway – this is to ensure that progress in recovery is not interrupted by change in supporting clinicians.

3.2 Clinical evidence supports a different model of care for those young people with emerging personality disorders that often manifest as admissions to CAMHS inpatient units through serious self-harm and risk. This model of care would be an extension of the home treatment team model that has been put in place following the closure of the unit at the end of April 2016.
4. Consultation

4.1 Public consultation will not be required for the enhanced model if commissioned as the original service offer – inpatient unit will still exist. The Commissioners as part of the CAMHS transformation plans are reviewing the total system for CAMHS services so as to provide an offer that is accessible and responsive to needs as opposed based on a historical Tiered model of provision. This was publicised in the ‘Futures in Mind’ document (DH 2015).

5. Financial Implications

None to LBBD, current funding decisions sit with the Local CCG and NHS England.

6. Legal Implications

None identified.

7. Other Implications

7.1 Customer Impact

To date NELFT have received positive feedback from the patients using the young people’s home treatment team which has been in operation since the temporary closure.

- 60% of those asked said they would recommend the service to friends and family.
- 100% found it easy to get care, treatment and support.
- 80% agreed that they had been fully involved in their own care.

The incidents of self-harm have reduced dramatically for this client group. Further analysis on what works and how this service can be further improved will be ongoing, as a new a rapidly developed service in response to the closure of the unit we feel this level of satisfaction is a clear indication of a positive change and there is opportunity to build on this current position.

7.5 Safeguarding Children

Children mental health issues have been at the forefront of service review for some time following a number of reports that have highlighted the poor offer of care, lengthy waiting times, frustration at a lack of local service offer and at the highest end of need many high profile cases of children being placed hundreds of miles away from home due to a lack of appropriate provision. There is clear evidence that the vast majority of mental health problems for adults actually occurred during childhood so the review and transformation of services to provide the most appropriate and timely care is in the interests of safeguarding children and ensuring that they achieve the greatest possible health outcomes as they progress to adulthood.

The dramatic reduction in the number of incidents, including self-harm incidents has demonstrated that the new service model has had a positive impact on safeguarding children at a time of crisis and greatest vulnerability. The future, depending on commissioning decisions will build on this positive change.
7.6 **Health Issues**

It is anticipated the new service model will reduce young people’s length of stay in an acute inpatient unit supporting them through the young people’s home treatment team to reintegrate into their family, education and social setting sooner than would have taken place in the previous model.

**Background Papers Used in the Preparation of the Report:**

Futures in Mind (Department of Health 2015)

**List of appendices:**

None.