Public Health
Resource Unit

Public Health Projects

The Provision of Forensic Child and Adolescent Mental Health Services in the Thames Valley

October 2006

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Summary

- The Child and Adolescent Forensic Mental Health Service (the CAF team) has been established since March 2004, and has been funded since November 2005 by the Department of Health to provide specialist (tier 4) forensic CAMHS expertise across the Thames Valley for young people under 18 years old.

- The prevalence of common mental health disorders in adolescent young offenders is much higher than in the general adolescent population.

- Activity data from the CAF team shows that there have been 54 referrals in the 11 months from November 2005 to September 2006. The proportion of non-Oxfordshire referrals has increased in recent months as the service becomes more established.

- Documented case histories suggest that intervention from the CAF team may avoid costly assessments by NSCAG, and even more costly admissions to the private sector.

Recommendations to the LSCG

Thames Valley

1. The LSCG should fund this service from November 2007 when grant funding from the Department of Health expires. The full year effect of funding this service is £150,000 per annum.

2. Policies for admission to secure health-funded forensic beds should be reviewed across the patch to ensure consistency.

3. There should be active case management of adolescents placed in out of area placements by local community teams – this could be facilitated by the CAF team.

4. There are some concerns about Milton Keynes as clinicians do not feel that they have a need for the CAF team. Commissioners should ensure that the quality of care for this risky group of adolescents is appropriate.

Hampshire and Isle of Wight

1. Hampshire and Isle of Wight should consider how they will provide a similar service to their adolescent population. Currently service provision across Hampshire and Isle of Wight is patchy.

Contents

1. Background

The Child and Adolescent Forensic Mental Health Service (known as the "CAF Team") was established in March 2004, based at the Warneford Hospital in Oxford under the management of Oxfordshire Mental Health NHS Trust. The service was established in Oxfordshire following detailed multi-disciplinary consultation with relevant agencies and in recognition of the need for greater access and co-ordination of mental health services for people aged under-18 in contact with the criminal justice system, or those elsewhere presenting serious risk of harm to others. This group of young people have traditionally not accessed core child and adolescent mental health services, despite being known to have high rates of mental health problems.

The CAF team provides multi-disciplinary mental health in-reach into the Young Offenders Institute at Huntercombe where it undertakes clinical and risk assessments, interventions and health promotion activities. This service is funded by central NHS prison in-reach funding (£180,000 a year) mediated by SW Oxfordshire PCT with whom the team has a formal service level agreement.

The team also provides specialist (Tier 4 equivalent) CAMHS expertise at a variety of levels and to a variety of institutions and networks working with young people in the criminal justice system. Initially this part of the service was provided across Oxfordshire using funding from the Oxfordshire Youth Offending Service (£140,000). This funding was withdrawn last year but the team was successful in a bid to the Department of Health and has two years' funding from November 2005 (£150,000 per annum) to provide this service across Oxfordshire and to extend it to cover Berkshire, Milton Keynes and Buckinghamshire.

The regional service now acts as a tertiary referral service taking referrals from local CAMHS teams and Young Offenders Teams (YOT) across the Thames Valley for difficult cases where a specialist forensic opinion can aid the local management of these young people. The team also provides liaison and advice to Courts and the wider legal system. It acts as a resource for general advice (both in individual clinical cases and in strategic management for institutions) and is a provider of formal case consultations, specialist assessments and management advice with the aim of, on the one hand of preventing children from ending up in custody unnecessarily and on the other of facilitating liaison between custody settings, the criminal justice system, NHS inpatient facilities and community CAMHS teams. The team acts as a training resource for frontline practitioners in local teams and has recently taken on an SpR.

The CAF service has now approached the Thames Valley LSCG to fund the regional service once the DH development monies end in October 2007. The funding for the prison in-reach service at Huntercombe YOI remains secure and the LSCG is not being asked to fund this element of the service.

The Public Health Resource Unit (PHRU) has been asked to undertake a review of the service to help the LSCG in deciding whether to fund this service in the future.

2. Epidemiology

It is well documented that the proportion of young people in contact with the criminal justice system with mental health problems is high. A recent study[1] carried out a comprehensive standardised assessment of the needs of young offenders in custody and in the community, using six geographically representative areas across England and Wales. In total 301 young offenders were interviewed, 151 in secure facilities and 150 in the community, aged between 13 and 18 years. The main findings were that:

- Almost a quarter were identified with learning difficulties (IQ<70), whilst a further third had borderline learning difficulties (IQ 70-80)
- A third had a mental health need – almost 20% had problems with depression, 10% reported self-harm within the last month, and 5% had psychotic-like symptoms.
- There was no significant difference between the group in secure facilities compared to the group in the community with respect to the number of mental health needs.

Similar results have been found in other studies – one such study[2] carried out by the Office for National Statistics (ONS) reported on incarcerated young people aged between 16 and 21. This involved a clinical interview with 632 offenders from all prison establishments, and included male remand, male sentenced and female prisoners.

- The prevalence rates of any functional psychosis in the previous year was 10% for male sentenced, 8% for male remand and 9% for female offenders.
- A high proportion had evidence of several mental disorders – at least 95% of the young offenders included in the study were assessed as having at least one disorder, and about 80% as having more than one.
- For both boys and girls – 60% used drugs and 25% drank heavily.
- Antisocial personality disorder was found in 80%, and paranoid personality disorder in 25%.
- The sample had a lower IQ than the general population.

An American study looked at the prevalence of common mental health disorders in adolescents in the community and of adolescent young offenders[3]. The table below illustrates the high prevalence of mental disorders in the latter group compared to the general population.

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1 Harrington R, Bailey S, Chitsabesan P et al. Mental health needs and effectiveness of provision for young offenders in custody and the community. Youth Justice Board for England and Wales. London: 2005.

2 Lader S, Singleton N, MeltzerH. Psychiatric morbidity among young offenders in England and Wales. Office for National Statistics. London: 2000.

3 Kazdin AE. Adolescent development, mental disorders and decision making of delinquent youths. In Grisso T, Schwartz RG (eds), Youth on Trial: A Developmental Perspective on Juvenile Justice. Chicago: University of Chicago Press, 2000, vol. 2, pp. 33-64.

Mental Disorder	Community Samples (%)	Delinquent Samples (%)
Conduct disorder	2-10	41-90
Attention deficit disorder	2-10	19-46
Substance misuse/dependence	2-5	19-46
Mental retardation	1-3	7-15
Other learning diffs	2-10	17-53
Mood disorders	2-8	19-78
Anxiety disorders	3-13	6-41
PTSD	1-3	32
Psychosis and autism	0.2-2	1-6
Any disorder	18-22	80

Table 1. Prevalence of mental disorders in adolescents[3].

3. Strategic Context

3.1 National Context - NSCAG

The national secure adolescent forensic service is for young people aged between 12 and 18 years with severe mental illness who are a danger to themselves or other or who may have committed criminal offences. The service is designated and commissioned by the National Specialist Commissioning Advisory Group (NSCAG). The referral criteria to NSCAG beds are quite restrictive and access to beds can pose a problem to local clinicians who have no previous experience of accessing the service.

There are five designated centres nationally:

- Birmingham – Ardenleigh (20 beds)
- London – Bill Yule Adolescent Unit (10 beds)
- London – Wells Unit (10 beds)
- Manchester – Gardener Unit (10 beds)
- Newcastle upon Tyne – Roycroft Unit (18 beds)

An additional 20 beds have been commissioned at the Tatchbury Mount site in Hampshire, and these will be available from 2008. This will offer a national in-patient service.

Although NSCAG bed use is available at no cost to PCTs, units are able to charge for an assessment to decide whether admission is appropriate (£2,700 per assessment).

3.2 National Context - Comparative Work

Clinicians working in six different forensic CAMHS services nationally were contacted to understand the model of service provision, and funding streams

(see Appendix 2 for more detailed information). The key points raised from these discussions were:

- The services offered by forensic CAMHS services include:
    - Consultation
    - Assessment and treatment
    - Second opinions
    - Prison in-reach
    - Local Authority secure unit in-reach
    - Training and teaching
    - Research and development
    - Liaison and advice to courts
- All teams were multi-disciplinary.
- In general, in locations where there is both a NSCAG unit and a team providing tier 4 support to local CAMHS and YOT teams, the two services operate independently of each other.
- Services which considered themselves tier 4, in general identified skills enhancement within community teams as a key objective.
- Funding sources identified were
    - regional commissioning groups
    - PCT
    - CAMHS grants
    - Local authority funding
    - Drug strategy team funding

3.3 Local Context - South Part of South Central SHA

Portsmouth and East Hampshire

A service which considers itself tier 4 is based in Portsmouth and covers Portsmouth City PCT and the eastern half of Hampshire PCT. This is called the 'Unified Adolescent Team' and caters for mainly forensic adolescents who fit the referral criteria, aged 12-20. The team consists of consultant psychiatrist (0.8 wte), psychologist (0.5 wte), psychotherapist (0.8 wte) and CPN (3 wte). There is also a social worker who is seconded into the team. The service appears to be more hands-on than the CAF service. Funding comes primarily from the PCTs, although in addition they have contracts to provide support to the local social services secure unit, three children's homes in Portsmouth, and level 3 foster carers. There is currently no service covering the western half of Hampshire PCT.

Southampton City

A consultant based in the Brookvale Adolescent service (tier 3) has forensic CAMHS included in his job description, and offers assessments, advice and develops management plans as necessary for adolescents in Southampton City PCT, aged 14-18. His post is PCT funded. He will also offer ongoing supervision of individual cases as necessary within his general CAMHS work. There is no formal forensic service in Southampton City PCT, and there are currently no links established with the development of NSCAG beds at the

Tatchbury Mount site. He will also offer assessment and advice to the New Forest area on a quid pro quo basis.

Isle of Wight

There is no forensic CAMHs service in the Isle of Wight.

3.4 Local Context - Mapping prisons across the Thames Valley

There are seven prisons and one Secure Training Centre within the Thames Valley. Six of the prisons are adult prisons, including two (HMP Reading and HMP Aylesbury) which accept young offenders aged 18-21. Her Majesty's YOI Huntercombe is the only juvenile establishment for offenders aged 15-18 in the Thames Valley. The Secure Training Centre, Oakhill STC, at Milton Keynes accepts younger and or more vulnerable young people either on remand or having been sentenced.

The location of these custodial institutions is shown in the map below.

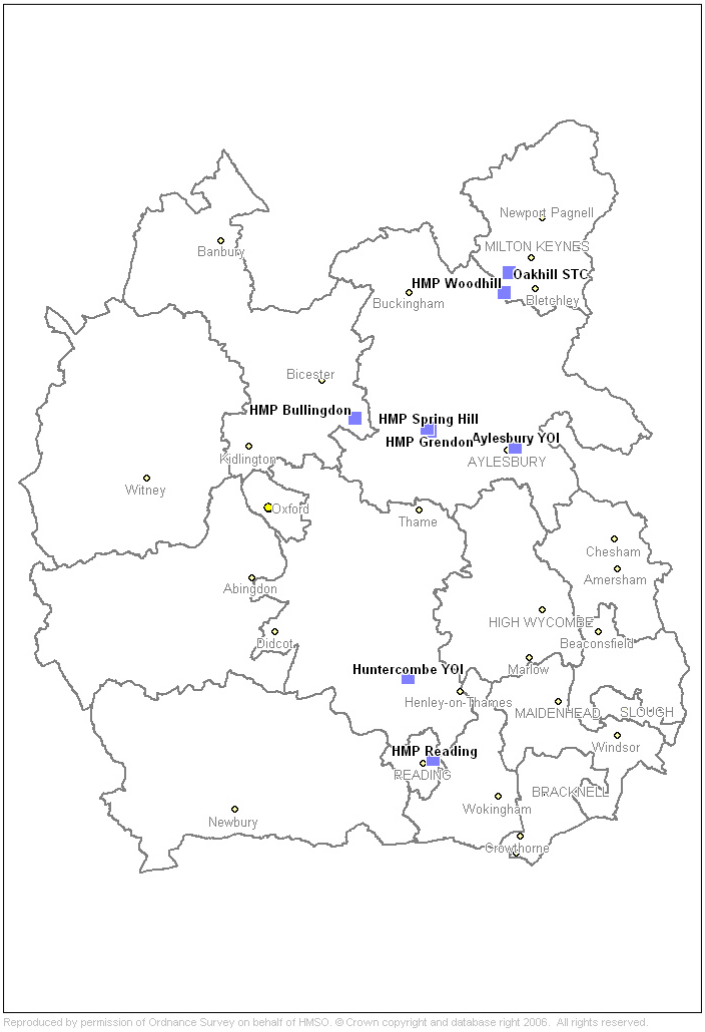

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Figure 1. The location of custodial institutions and prisions in the Thames Valley.

The table below shows the category of each prison and the age range each prison accepts and the total capacity of each institution.

Name	Postcode	Category	Age Range	Capacity
Aylesbury YOI	HP20 1EH	YOI	18-21	443
HMP Bullingdon	OX25 1WD	B/C	adults	963
HMP Grendon	HP18 0TL	B/C	21+	235
Huntercombe YOI	RG9 5SB	YOI	15-18	368
Oakhill STC	MK5 6AH	STC	12-17	80
HMP Spring Hill	HP18 0TL	D	21+	334
HMP Woodhill*	MK4 4DA	A	21+	762
HMP Reading	RG1 3HY	YOI	18-21	297

Table 2. Custodial institutions and prisions in the Thames Valley. (Woodhill also houses approximately 10 adolescents who are category A status.)*

YOI = Young Offenders Institute
STC = Secure Training Centre

Category A – the most dangerous prisoners whose escape would present a huge threat to the public and the nation.
Category B – prisoners who pose less of a threat to the public, but who are still dangerous enough to warrant quite high levels of security.
Category C – prisoners considered to lack the skills or the desire to escape so deemed a minimal threat to the public.
Category D – prisoners who do not pose a risk to the public and are also unlikely to escape.
Category A, B and C are held in what are termed ‘Closed’ prisons whilst category D are held in ‘Open’ prisons.
Women and young offenders (anyone aged between 15 and 21) are not categorised like adult male offenders.

4. The CAF team

4.1 Service specification for the CAF Team

The SLA for the CAF team defines the roles as follows:

- Provision of a tertiary child and adolescent forensic mental health service: advice and formal consultation to professionals; clinical assessment and management for young people under 18 years old
- Liaison with custodial institutions such as Secure Training Centres and Young Offender Institutions within the former Thames Valley SHA area and beyond
- Clinical liaison with locality specialist CAMH teams and YOT teams and promoting development of local expertise and provide mental health assessments and/or management advice as required
- Coordination of mental health services across community and custodial settings

- Liaison with courts
- Liaison with national forensic adolescent services, particularly NSCAG managed inpatient units
- Establishment of good working and training relationships with local services promoting good local arrangements for mental health working between locality specialist CAMH teams and YOTs
- Informing strategic development of mental health services for young people at the mental health/criminal justice interface with the health region and more generally across Southern England
- Provision of teaching to frontline practitioners in the criminal justice system (e.g. YOT workers, prison officers), CAMHS and other agencies
- Provision of specialist training opportunities within the team for mental health practitioners wishing to specialise in the area of child and adolescent forensic mental health

The function of the team combines support for generic child and adolescent services and specialist clinical skills; it thus provides a significant contribution to the development of comprehensive CAMH services and the prevention agenda. The SLA for the CAF team defines its roles as follows:

The staffing of the CAF team is made up as follows:

Post	ROLE	Sessions
Consultant Psychiatrist	Responsible Medical Officer. Clinical assessments and therapeutic input.	o 6 sessions
Clinical and forensic Psychologist	Huntercombe Clinical Lead. Specialist assessments and interventions, where required; supervision of graduate workers; consultative oversight to offending behaviour programmes; mental health promotion; institutional liaison; BPS prescribed CPD programme for 2006-7.	o Agreed clinical input as necessary
Clinical Nurse Specialist	Clinical assessment liaison and ongoing case support.	o 6 sessions
Mental Health Worker	Clinical assessment, liaison and ongoing case support; development of DBT programme.	o Agreed clinical input as necessary
Administration	Set up, monitor and maintain administrative systems. Maintain good communication with the team, patients and other agencies	o 0.5 wte

4.2 Activity data

The CAF Team have made available a detailed dataset of all tertiary referrals to the CAF Team from community mental health and youth offending services within the Thames Valley for the period from 1st November 2005 to 30th September 2006.

Within this 11 month period there were a total of 54 referrals to the CAF team. The table below shows the area of residence for each referral based on patient postcode.

	Sex		
Area	**F**	**M**	**Total**
E Berks	0	2	2
W Berks	1	11	12
Bucks	2	4	6
MK	0	0	0
Oxon	4	30	34
Total	**7**	**47**	**54**

Table 3. Referrals to the CAF team 1st Nov 2005 – 30th Sept 2006.

As shown in the table above the majority of referrals have been for Oxfordshire residents. This reflects the fact that the CAF Team was initially established as an Oxfordshire service and has only offered support to the other areas of the Thames Valley more recently. However, the number of non-Oxfordshire referrals has increased in recent months as illustrated in the bar chart below, suggesting that the balance of referrals from Oxfordshire and other areas is likely to become more balanced in the future as the service becomes more established. The lack of referrals from Milton Keynes may be due to the fact that there is no CAMHS/YOT Linkworker in post in Milton Keynes as there are in the other parts of the Thames Valley.

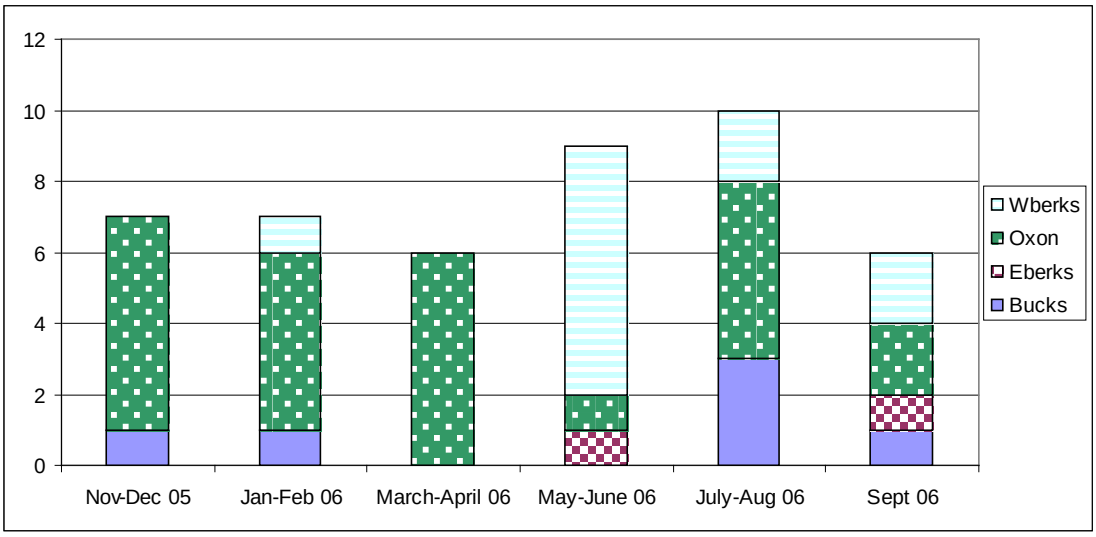

Figure 4. Referrals to the CAF team by month and locality.

The table below shows the source of referral for each patient. It shows that the majority of referrals have come from local CAMHS teams, but there have also been referrals from Youth Offending Teams, Courts, a GP and Social and Health Care. The majority of referrals have been for males, but females have accounted for 12% of referrals in the last 10 months.

Referrer	F	M	Total
CAMHS	5	29	34
CAMHS/YOT	0	7	7
YOT	0	6	6
Court	1	3	4
adult CMHT	1	0	1
GP	0	1	1
SHC	0	1	1
Total	**7**	**47**	**54**

Table 4. Referrals to the CAF team by source of referral. (SHC = social health care).

Reason for referral	Total
Violence/Aggression	19
Sexual assault/problematic sexual behaviour	12
Threats to kill/harm	5
Arson	3
Multiple offences	2
Antisocial non violent acts	1
Total	**42**

Table 5. Reason for referral to the CAF team.

The table above shows the reason for referral to the CAF team for those patients who have committed offences. It shows that violence/aggression and sexual assaults/problematic behaviour have accounted for the majority of referrals.

The table below shows the principal diagnosis for each of the referrals to the CAF team. In 20% of referrals there was more than one documented diagnosis.

Diagnosis	Total
Diagnosis not established	19
Conduct disorder	11
Autistic spectrum disorder	7
Learning disability	7
Hyperkinetic disorder (ADHD)	3
Psychosis	3
Post-traumatic stress disorder	3
Depression	1
Total	**54**

Table 6. Principle Diagnosis in referrals to the CAF team.

The table below shows the type of input provided by the CAF team in each case.

Input provided	Bucks	E Berks	Oxon	W Berks	Total
Advice	0	0	4	0	4
Consultation	4	2	22	9	37
Assessment and management	2	0	8	3	13
Total	**6**	**2**	**34**	**12**	**54**

Table 7. Input provided by the CAF team.

- Advice refers to one off contact and supply of information/advice e.g. in navigating the criminal justice system.
- Consultation involves a more formal process where a clinician discusses the clinical aspects of a problematic case with the CAF Team who advise on general management proposals. The CAF Team will not usually meet the patient, but will offer to remain in contact with such cases with the option of undertaking a clinical assessment if the situation warrants it.
- Assessment and management refers to formal face to face assessment of the patient alongside local teams and ongoing clinical involvement with the patient.

The table below shows the outcome associated with referrals to the CAF team in relation to which agencies are involved in ongoing care, and whether cases are open or closed as far as the CAF team is concerned. This shows that in 50% of cases the CAF team is no longer involved. Only three referrals have resulted in admission.

Outcome	Case closed to CAF team	Case still open with CAF team
Supervision		
CAMHS alone	5	3
CAMHS and other agencies	12	17
Other agencies	8	5
Admission		
Local authority secure unit		1
Learning disability secure unit	1	
Local inpatient care	1	
Ongoing assessment		1
Total	**27**	**27**

Table 8. Outcomes from referrals to CAF team.

Case History A
A 14 year old boy was charged with and pleaded guilty to a serious sexual offence. An out-of-county psychiatrist provided a report to the defence solicitor suggesting as one option an interim hospital order (section 38 MHA (1983)). The boy's local CAMHS/YOT linkworker involved the Child and Adolescent Forensic team. Subsequent to the CAF team's assessment, plans for a robust multi-agency community support plan were put in place in preparation for a community sentence. On advice from the CAF team agreement was also reached that, in the event of a custodial sentence, placement in a secure unit rather than detention in hospital under the MHA was appropriate.

Case History B
A consultant psychiatrist in the region contacted the team about a 16 year old boy already in a 52 week educational placement. The boy had previously manifested aggressive behaviours and had become involved with a delinquent peer group. Consultation revealed that there had been no recent escalation in the boy's behaviour. However, there were anxieties within the multi-agency network about future provision when the boy reached 18. The consultant conceded that he had felt under pressure to make the referral. Local means of ensuring good transitional arrangements at age 18 were discussed and agreed upon and no further assessment was warranted.

5. Out of area placements

Commissioners within PCTs were approached to find out if they were funding any placements in secure adolescent beds. The following table summarises the number, location and cost of placements.

	Number of placements funded	**Placement location**	**Cost (per annum)**
Berkshire	2	Capio Nightingale	£219,000
		Oak View	£368,650*
Buckinghamshire	1	St Andrews	£252,580
Milton Keynes	0		
Oxfordshire	0		

Table 9. Out of area secure adolescent placements in the Thames Valley.
* This is an assumed cost based on 365 days at the daily rate cost for 1:1 care.

Commissioners in Berkshire and Buckinghamshire were able to identify a small number of health-funded placements. Commissioners in neither Oxfordshire nor Milton Keynes were able to identify any current placements. However, although we explored with the health service whether they were funding placements, it is important to remember that we have not explored whether social services are funding any secure placements.

Case History C
A 16 year old boy has been detained for 18 months under the Mental Health Act (1983) in an independent sector hospital. He was admitted there following a serious violent assault following which he was assessed by psychiatrists, none of whom was from the boy's local area. There was therefore no local view presented to the court which considered his case.
There is little prospect of him being discharged in the near future. CPA Review meetings at the hospital have not been attended by local clinicians.

6. Views from Local CAMHS/YOT Services

The PHRU Team circulated a short questionnaire to the local CAMHS and YOT Teams and the CAMHS/YOT linkworkers within the Thames Valley since these are likely to be the main users of the tertiary forensic service. All of the local CAMHS and YOT services were surveyed, even if they had not made any referrals to the CAF Team.

The questionnaire asked local CAMHS/YOT managers/linkworkers:

- Whether they had accessed the CAF Team and how often
- What input the CAF team had provided
- How the CAF team had contributed to the local CAMHS/YOT teams abilities to offer high quality care
- What impact would there be on local CAMHS/YOT teams if the CAF team did not exist
- How could the service offered by the CAF team be improved
- Reasons for not referring to the CAF Team

A total of 20 questionnaires were circulated to the local CAMHS and YOT teams and 12 responses have been received.

6.1 Contribution of the CAF Team

Respondents highlighted the role the CAF team plays in facilitating access to service provision, in providing strategic advice, in educating local clinicians, and in providing assessments of complex cases. Examples of comments received include:

"The team has proved an invaluable source of peer support to professional staff in particular the Clinical Psychologist based with us" (YOT Manager)

"Specifically the service has improved accessibility for clients into CAMHS and other mental health services where needed, helped develop links and referral pathways between services, helped to provide essential assessment to complex cases where historically there have been oversights" (CAMHS/YOT linkworker)

"The existence of a CAF service to assist with assessment, immediate intervention, advice, supervision and follow up has proved to be invaluable" (CAMHS/YOT linkworker)

6.2 Impact of loss of the CAF Team

Respondents highlighted the loss of important clinical advice in relation to the management of complex cases, the loss of in important co-ordinating service, and the likelihood of resultant gaps in service provision and the increased potential for vulnerable young people to fall through the gaps in services. Examples of comments received include:

"Clinicians would not have adequate supervision…. This could increase their anxiety and thus their ability/confidence to manage cases locally. A consequence would be less earlier intervention and clients deterioration which could lead to more risk taking behaviours." (CAMHS Manager)

"Without the CAF, progress between YOT and CAMHS specifically would be very difficult and the gaps in service for the most vulnerable and complex cases would continue as a major problem" (CAMHS YOT/Linkworker)

"If the CAF service did not exist it would result in a return to the days of working in isolation with difficult complex cases. These are the type of adolescents that fall through the cracks because of their complex needs" (CAMHS/YOT Linkworker)

"Assessment would be less vigorous for those young people whose behaviour's gave us most concern. Planning suitable interventions or specialist help would be limited and probably more difficult to find" (YOT Manager)

6.3 How could the CAF service be improved?

Comments from respondents highlighted local issues in their particular patch and also the need for the CAF service to promote its services more widely.

"Through a more direct referral route, that still incorporated the principles of a single access point to CAMHS, but with greater flexibilities. This is part of current negotiations with CAMHS services" (YOT Manager)

"Able to dedicate more time to perhaps training (e.g. on assessment tools) to clinicians. However, this has already been kindly offered by Nick's team." (CAMHS Manager)

"I would like their services and objectives to be more widely known and recognised in local CAMHS and mental healthcare teams" (CAMHS/YOT Linkworker)

"The service could be improved by:

- Expanding its existing personnel
- Adding more clinical psychology provision
- A mobile outreach component
- Increased contact and service provision to regional Social Services
- More training to staff and other relevant agencies who will be encouraged to use the service
- Increase the exposure of the CAF service by promotion within other agencies and services
- Joined up working protocols and agreements with CAMHS services
- Inservice advice/seminars/surgery to aforementioned services" (CAMHS/YOT linkworker)

6.4 Reasons for not using the CAF Team

Not all CAMHS/YOT teams have made referrals to the CAF Team since it was expanded to a regional service in November 2005. These CAMHS/YOT teams were asked about their reasons for not using the service (e.g. lack of awareness etc). The responses received suggest that awareness of the CAF team is not the problem but some areas feel that they do not have the need for such a service.

"Contact has been made with the CAF team in the past – however the CAF team have not been accessed to provide services to the department's clients." (CAMHS Manager)

"The need has not arisen. Very few young people with MH issues." (YOT Manager)

7. Recommendations to LSCG

Thames Valley

1. The LSCG should fund this service from November 2007 when grant funding from the Department of Health expires. The full year effect of funding this service is £150,000 per annum. Funding of the CAF Team is recommended because:

    1. Referral and assessment of complex cases by the CAF Team avoids £2,700 assessment fees per patient charged by NSCAG forensic adolescent inpatient units

2. There are documented examples of specific cases where intervention by the CAF Team has potentially avoided costly inpatient admissions and allowed patients to be managed in the community (See Case History A)
3. There are documented examples of cases where the lack of involvement of the CAF Team at an appropriate stage has resulted in lengthy admissions to out of area independent sector hospitals without any input from local psychiatric services (See Case History C)

2. Policies for admission to secure health-funded forensic beds should be reviewed across the patch to ensure consistency. The CAF team have an important gate-keeping function to avoid unnecessary admissions.

3. There should be active case management of adolescents placed in out of area placements by local community teams – this could be facilitated by the CAF team.

4. There are some concerns about Milton Keynes as clinicians do not feel that they have a need for the CAF team. Commissioners should ensure that the quality of care for this risky group of adolescents is appropriate.

Hampshire and Isle of Wight

1. Hampshire and Isle of Wight should consider how they will provide a similar service to their adolescent population. Currently service provision across Hampshire and Isle of Wight is patchy.

Appendix 1: User Questionnaire

Questionnaire for Users of the Child and Adolescent Forensic Mental Health Service

The Public Health Resource Unit in Oxford is currently doing a piece of work for the Local Specialised Commissioning Group looking at the Child and Adolescent Forensic Mental Health Service (the 'CAF team') based at the Warneford Hospital in Oxford. This questionnaire has been designed to gather user views on the service provided by the CAF team to inform this work.

We would be grateful if you could complete this short questionnaire as frankly as possible on behalf of your team. All responses will be treated in confidence.

1. Have you ever accessed the CAF team?

Yes / No

If yes:

How many times have you and your team accessed this service in the last year?

Which of the following has the CAF team offered your team for your clients?

Telephone advice	Yes / No
Client assessment	Yes / No
Ongoing treatment/supervision	Yes / No
Liason and advice to courts	Yes / No
Other (please explain)	

If no:

Were you and your team aware of the CAF team's existence?

Yes / No

Why haven't you contacted the CAF team?

2. The CAF team was established in 2004. In your view, how much has this service contributed to your ability to offer high quality care to your clients?

3. If the CAF team no longer existed what impact would this have on your ability to offer high quality care to your clients?

4. In your opinion how could the service provided by the CAF team be improved?

Thank you for your help.

Dr Nicky Cleave
Mike Griffin
Public Health Resource Unit

Appendix 2: Summary of Comparative Work

Sheffield

- A tier 4 service commissioned to serve the population of the new Sheffield City PCT (population of 516,000) established in October 2005.
- Adolescents up to the age of 18.
- Funded through CAMHS grant, local authority and PCT.
- Staffing – Psychologist (1wte); Psychiatrist (1wte)
- Provide advice to community teams, LASU in-reach, liaison and advice to courts.
- Focus on skills enhancement in community teams.

South Wales

- Wales-wide service commissioned by Health Commission Wales in response to number of high profile cases.
- Two services cover Wales – North and South.
- South service covers a population of 2.5 million.
- Staffing – Psychiatrist (0.4wte); CPN, Secretary; Psychologist (not funded).
- Focus on supporting and training tier 3 CAMHS – responsibility included in service specification.
- Also provide LASU in-reach.

Manchester

- Inpatient unit (Gardener unit – 10 NSCAG beds) operates independently of tier 4 service.
- Tier 4 service provides prison in-reach, LASU in-reach, advice to community teams, training, teaching, research and development.
- Do assessments on adolescents from all over UK as necessary on named patient basis.
- For local work commissioned by North-West Secure Commissioning Group.
- Staffing – Psychiatrist (1.8wte), Clinical nurse specialist (3wte), manager (0.5wte), art therapist (0.6wte), clinical psychologist (0.5wte), social worker (0.2wte), administrator (1wte), personal secretary (1.6wte), team secretary (1wte), in-reach secretary (0.5wte).

Lewisham

- Service set up 7 years ago with innovation funding from the Department of Health.
- A tier 3+ service (a specialist CAMHS service but based in the community). Offer assessment and management services.
- Cover the borough of Lewisham (250,000 population).

- Staffing – psychiatrist (0.2wte), psychologist (1wte), social worker (1wte), psychotherapist (1wte), substance misuse nurse (1wte).
- 130-150 new referrals annually.
- Funded by PCT, CAMHS grants, and drug strategy team funding.

West Midlands

- A service existed in the West Midlands until one year ago when funding was lost. Previously funded by West Midlands Specialised services agency.
- Continuing to provide a prison in-reach service which is funded by individual PCTs.
- In last year requests for advice/assessment have been redirected to Manchester and Newcastle. Concerns expressed about loss of service from Consultant Psychiatrist in CAMHS teams.

Newcastle

- Inpatient unit (Roycroft unit – 18 beds) operated independently of tier 4 service, although some staff have joint responsibilities.
- Tier 4 service covers a large local geographical area – 100 referrals per year.
- Funded on a block contract with local regions.
- Some assessments across the UK on named patient basis (20 per year).
- Provide prison in-reach, LASU in-reach, advice to community teams, liaison and advice to courts.
- Staffing – consultant psychiatrist (2.5wte), psychologist (1.5wte), social worker (0.5wte), psychology assistant (1wte), CPN (0.4wte).
- Focus on supporting local community based teams and skills enhancement.

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