Department of Health

Developing a payment system for Children and Adolescent Mental Health Services in England

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Introduction - Children and Adolescent Mental Health Services in England

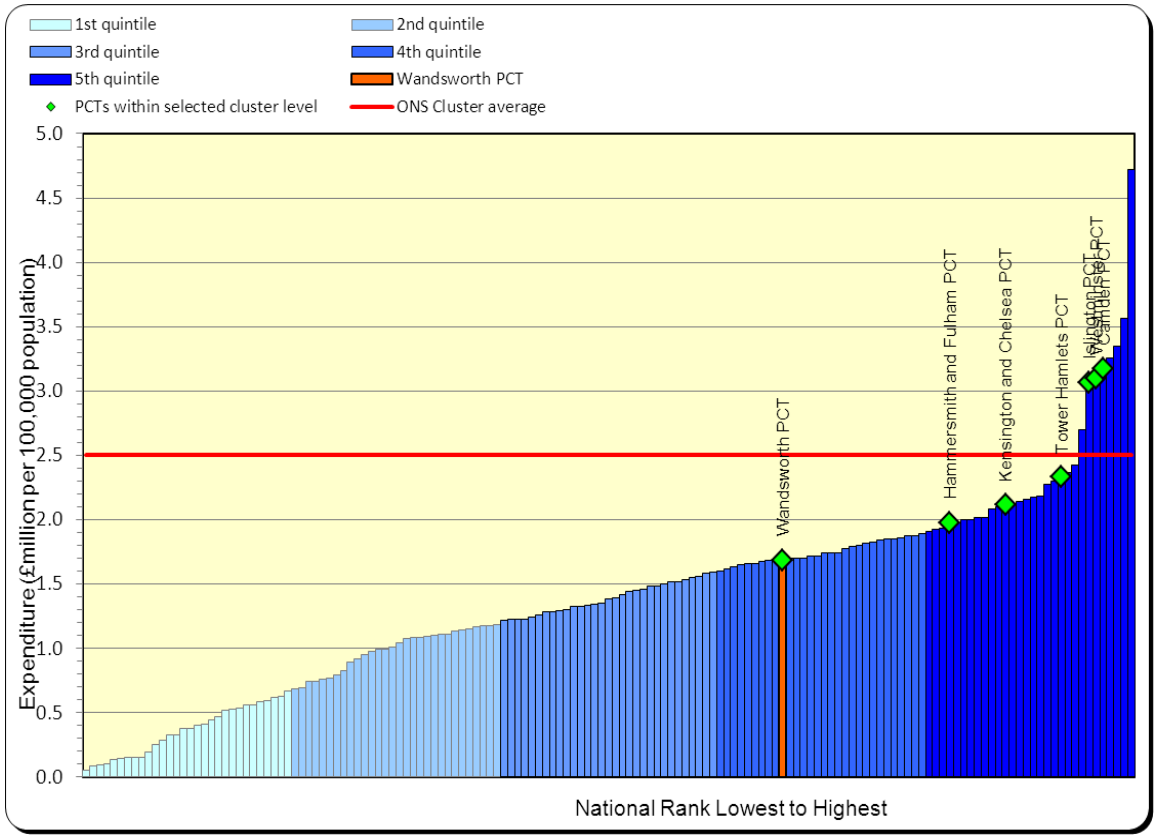
Service provision varies enormously across the country

There is variable

spending by the NHS not obviously justified by differences in need

Mostly block contracts – set historically – payment not obviously linked to numbers or need of children

(easy to cut when times hard)



Source: Programme Budget Data 2011/12

Classification systems

Tier 1

- Services provided by generalist practitioners
- e.g. Family doctors, health visitors, teachers and youth workers

Tier 2

- Specialist service outreaching into primary care settings

Tier 3

- Services usually provided by a multidisciplinary team, psychiatrists, psychologists, psychotherapists nurses etc
- Usually based in mental health clinic

Tier 4

- Services for children and young people with the most serious problems
- Includes day units, highly specialised outpatients team and inpatient units – usually service more than just one local area

Varieties of models of provision – different purchasers and providers of care

Commissioners (purchasers) of services	Providers (suppliers)
NHS commissioners (clinical commissioning groups) Local authorities Both the above – using a pooled budget Schools	NHS mental health providers Other NHS providers Voluntary sector (particularly tier 2) Private (particularly tier 4)

No single contextual framework, in some area, some services consider themselves part of CAMHS, in others they don't

No settled models of treatment – no systematic evidence base for ‘what works’

Some major initiatives to ‘transform’ service provision

1.CAPA – Choice and Partnership approach

- Clear planning of care and goal setting
- Choice of service

2.CYP IAPT

- Standardised assessment

1. Routine use of outcome measures
2. Introduction of specific, evidenced based approaches (intention is to expand this)

- But some excellent treatment and care!!

The big questions

- Can we predict, from our assessment of children what their use of resources will be?

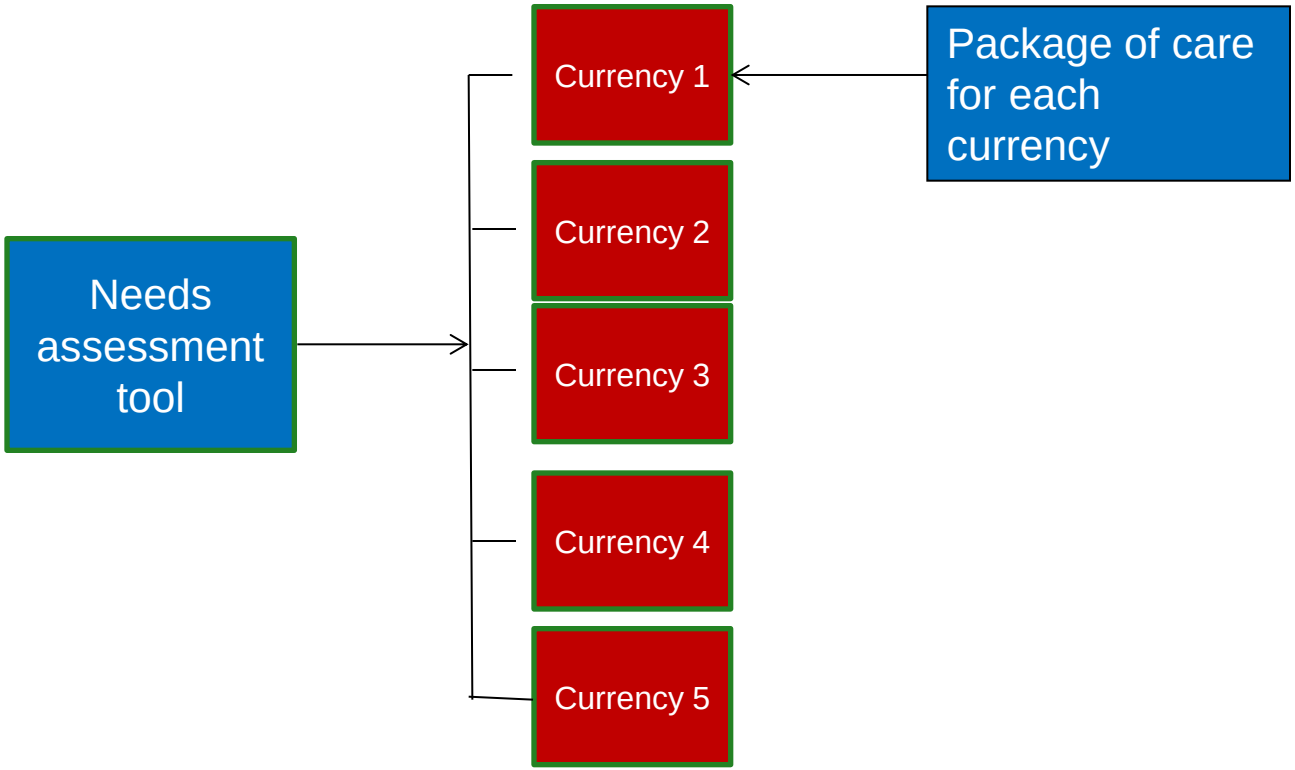
- And so, can we design an allocation tool, based on an assessment of the child's problems and their environment, that will enable us to put them into clusters that reflect their likely use of resources?

What the team have been asked to do

Design an allocation tool

Should cost about the same

Should make sense to clinicians



Design currencies that make sense for this type of service

What the team have been doing

1) Look at NICE guidelines

   Do the 'packages of care' recommended in the guidelines 'cluster' in terms of resource use?

2) Look at existing data sets

   Data sets from services that was not collected for the purpose – but contained

   1. *An assessment of the child's needs*
   2. *Details of the number of sessions (appointments) each child has*

3) Collect prospective data

   Collect data from pilot sites – using set assessment tool together with resources used

Why currencies and not block contracts?

- Consistent assessment of children's need for resources
- Allows money to follow patients
- Enables benchmarking between services
- Enables clarity in discussions between commissioners and providers over what is being provided, for whom and why.
- Will underpin more systematic evaluation of what works, what provides value for money

Where to from now?

What might actually happen

- Services ‘cluster’ their children – so they know how many of the children they treated were in each cluster

- Services work out how much it has actually cost them to look after the children in each cluster, the average cost per child per cluster – i.e. what they would have to charge to cover their costs.
  This is based on service provided – not on need – this is not about generating extra income

- Problem: most providers have several commissioners – with block contract values set historically – not on need. If the provider sets a single cluster price – some commissioners may end up paying more and some less!

- A national price per cluster
- A clear understanding of the demands on each service
- An equitable distribution of available resources
- Outcome measures – so that children, their parents and commissioners know what the service is achieving
- Ultimately, more effective care for children

Thank you