

We are writing to share news with you, as longstanding colleagues, collaborators, and service users of Simmons House Adolescent Inpatient Unit, that our specialist provision was temporarily closed on December 22<sup>nd</sup> 2023. We now understand that the service is unlikely to reopen, and the building will not be used in the foreseeable future. It is not possible to give a full account of the reasons given for the closure, the decision has been in part due to lack of money for capital investment and a view that there is a reduced need for adolescent inpatient mental health care in Islington, Camden and Haringey. We wish to share our serious concerns regarding access to appropriate care for families across north and central London who suffer the wide-ranging social and emotional consequences of severe mental health crisis. We challenge the assertion that the need has reduced, but rather that this need has been, and will increasingly be, pushed into systems already stretched to their limits, schools, CAMHS, paediatric wards, social care, the voluntary sector and most significantly, parents and carers. Young people and families should have access to the right support, in the right place at the right time.

We were hoping that a formal public consultation would take place, this is not happening however there is now an engagement process underway, led by North Central East London Collaborative (NCEL). It is important that the views of all stakeholders are represented, including young people and parents/carers. Your experience and expertise could be of great value in informing decision making at this time. NCEL have more information about their proposals here <https://www.elft.nhs.uk/ncel/developing-new-services/new-interim-model-care-inpatient-child-and-adolescent-mental-health-services>

**We encourage you to be part of this decision making process by sharing your views via the email [elft.ncelengagement@nhs.net](mailto:elft.ncelengagement@nhs.net) and we would appreciate if you can copy in [jo.levitt@nhs.net](mailto:jo.levitt@nhs.net) (Simmons House Service Manager) or by writing to: **The Communications Team, NCEL Provider Collaborative, Robert Dolan House, Trust Headquarters, 9 Alie Street, London E1 8DE.****

### **Our story in the national context**

Simmons House has offered trauma informed care to the most vulnerable young people experiencing mental health crisis for over 50 years. The building was purpose built, co-designed with young people and parents, and completed in 2004 following close to £6million investment. There was a further expansion of beds in 2016 to meet additional need. The building was intended to support a therapeutic milieu, to move away from restrictive environments often experienced on inpatient wards. It is spacious and light, with access to a garden, specialist sensory area and dedicated occupational therapy and classroom settings. Young people have described the nature of the building as feeling “different” and helping them to feel respected and cared for.

In October 2023 we experienced the first death in our care, a devastating loss.

Suicide is silencing, and so hard to understand (Tilman, Stevens, Lewis, 2022; Gibbons, 2023), it remains the leading cause of death amongst young people (World Health Organisation, 2021). In 2019, the NHS faced a 50% rise in emergency referrals for young people in crisis (NHS England, 2024); our local CAMHS are no exception, facing higher demand compared with the national average (NHS Benchmarking Whittington Children and Young Peoples [CYP] services, 2022/23). The wide-ranging effects of Covid 19 on young people’s mental health, and the systems supporting them is also well documented (Panchal, Franco, Moreno et al, 2023).

During a time of significant social, economic, and political pressure, it is young people who have suffered the most. We have seen the direct effects - in 2023, 42% of our young people were admitted with precarious housing situations, 39% of our young people had been waiting for an autism spectrum condition assessment and almost all had been out of education for a significant length of time.

The prevailing climate of instability and depleted resources has been reflected in high levels of abuse and violence towards staff at a national level (NHS Staff Survey, 2023). In turn, staff retention has become a major challenge across the UK (Serra-Sastre, 2024), 19% of inpatient CAMHS budgets are thought to go towards temporary staff, and 24% of units “struggle to employ permanent staff” (Frith, 2017). This significant staffing challenge is likely to have deteriorated with 81% of the workforce in post for less than 5 years and a 17% staff

vacancy rate in CYP mental health services, an increase compared with 2021 (NHS Benchmarking Network, 2023). It is clear how a vicious cycle in the system can occur - overreliance on temporary and inexperienced staff leaving young people and families feeling unsafe. In spite of these pressures, Simmons House has maintained an exceptional retention of staff: 0.16% of shifts since 2020 were categorised as “red” (7 out of 4,353 shifts) (Whittington Trust Safer Staffing data, 2024), which stands in stark contrast to national data, with nurses reporting 63% of day shifts and 71% of night shifts (of 1,358 shifts across 6 hospitals) at unsafe staffing levels (Only Enough is Enough, 2024). At Simmons House, stability across the medical, therapies, teaching and nursing teams, is a source of great pride, reflecting a belief in the work and unity amongst the staff team; providing the consistency we know to be of such importance for these young people and their families. Young people, staff and parent carers all agree that in inpatient CAMHS, “therapeutic relationships are the treatment” (Hartley, 2022, p. 5).

## **Our outcomes**

Simmons House has been committed to learning, working with service users, commissioners and community partners to grow with the changing demands and evidence. Contributing to the international evidence base has been part of this process. Two recently published outcome papers found that following admission to Simmons House, young people reported significant improvements in the goals they themselves wanted to work on (n=128, Lee, Martin, Lewis et al, 2018) as well as “significant improvements in global functioning and psychiatric symptoms” (n=112, Kennedy, Hembry and Green et al 2020). Between 2020 – 2023, 97% parents and carers who provided feedback said they were “treated well” adding they would “certainly recommend the service to friends and family” (n=32).

## **Why the reduction of local provision matters for young people and families?**

Not reopening Simmons House will have unintended consequences for local health and social care systems. It will diminish the quality of choice for young people and their families experiencing a mental health crisis in north and central London. The Children’s Commissioner’s The Big Ask: The Big Answer Report (2021), based on speaking to over half a million children and young people, stated as “urgent”, the need for health policy to focus on “100% of children accessing support when they need it, including the right support in place when children reach crisis point” (2021, p. 33). NHS England’s long term plan identifies the priority of “reducing pressure on paediatric wards”, and the NHS England Draft Commissioner Guidance, highlights the need to ensure that “children and young people’s inpatient services are as local as possible” (NHS England, Draft Commissioner Guidance, 2024, p. 18), with an overarching aim to “improve patient experience”. Yet admissions to paediatric wards of young people in mental health crisis has progressively increased in this period. A recent review describes such environments as inappropriate, posing an increased risk of unsafe restrictive practices, and multiple challenges with health care workers lacking the knowledge or competencies to manage (Vazquez-Vazquez, Smith, and Viner et al, 2023). The Royal College of Paediatricians’ (RCPCH) recent position summarises the current crisis,

“There have been commitments to improve community-based mental health provision and reduce the use of specialist inpatient beds. While we support this direction of travel, in the short term this has contributed to an increase in children with acute mental health needs being cared for in emergency settings and general paediatric wards due to a lack of safe alternatives. A report from the Health Services Safety Investigations Body (HSSIB) found that paediatric wards are frequently “not safe” for children with high-risk presentations, and highlighted how challenging paediatric teams find this way of working, due to resource constraints, a lack of training and confidence, and the design of paediatric settings themselves.” (RCPCH, 2024 p. 9)

Sir James Munby, past president of the family division of the high court cites dismay at the “catastrophic failure to provide suitable care for children with complex needs” (Munby, The Guardian, 2024). He brings together common themes from judgements which highlight the numbers of deprivation of liberty orders (DoLs):

“What is a well-known scandal, is the disgraceful lack of proper provision in this country of the clinical residential and support services so desperately needed by the increasing number of children and young people afflicted by these difficulties... They (judges) paint a picture of a system unable to cope with the rising number of young people with emotional and behaviour difficulties, almost always born out of trauma or neglect in childhood – a frustratingly well-trodden path leading to challenging behaviours, substance misuse, self-harm and the risk of sexual and criminal exploitation.” (Munby, The Guardian, June 2024)

There has been a reduction by a fifth of inpatient mental health beds since 2017, in spite of rising demands – a fact that has been raised in an open letter to the UK government by Nalgalro, the professional association for Family Court Advisers, Children’s Guardians and Independent Social Workers (Nuffield Trust, 2024; Nalgaro, Far Away from Their Homes with No Clear, Exit plan, March 2024).

Young people have suffered the impact of cuts to provision across health, education and social care. We believe that young people and families still need and deserve a continuum of care during a crisis and choice should be “as local as possible” (NHS England Long Term Plan, 2019). The loss of a large, highly trained, experienced, and committed team will be significant for local young people and families. The impact of this significant service change will have unintended consequences. Commissioners have been forced to choose between community and inpatient services, a false binary. The needs of young people and families have never been higher whilst services across sectors are more stretched than ever.

On the 18<sup>th</sup> October a public engagement process regarding the closure of Simmons House was started. This closure continues to be described as temporary by Whittington Health NHS Trust and commissioners North Central and East London provider collaborative (NCEL). It is expected that by February 2025, all permanent members of the committed and highly trained multidisciplinary team will have left, been permanently redeployed or been made redundant. The purpose-built hospital ward has remained unused during this period.

We would like to encourage wide ranging participation in future decision making from as many stakeholders as possible. If you would like to share your views, please visit <https://www.elft.nhs.uk/ncel/developing-new-services/new-interim-model-care-inpatient-child-and-adolescent-mental-health-services> and contact [elft.ncelengagement@nhs.net](mailto:elft.ncelengagement@nhs.net)

Thank you for your support,

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Julia Britton and Emma Grower –

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Diana Teixeira – Staff Nurse

Kirstin Little – Staff Nurse

Nancy Onuma – Nursing Assistant

Natasha Vakil – Nursing Assistant

Mara Pinto – Nursing Assistant

Eilis Rushforth – Nursing Assistant

James Dillon – Nursing Assistant

Emily Macrdechian – Nursing Assistant

Styliana Sypra – Specialist Dietician

Martha Sanchez – Senior Administrator

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