

# NWL CAMHS Provider Collaborative

## Improving care for children and young people with mental illness and severe/profound intellectual disability in North West London

NW London Joint Health and Overview Scrutiny Committee (JHOSC)

Thursday 19 March 2026

# Crystal House: current inpatient-based model of care



Our current Crystal House inpatient service no longer meets the needs of patients, nor aligns with national priorities and upcoming legislation for the care of children and young people with learning disabilities.

- 5-bed specialist learning disability inpatient unit with an annual running cost of over £2.9m + any exceptional packages of care costs.
- When commissioned by NHS England, this regional unit was expected to admit 20+ children and young people per year but has only admitted **23** in 6 years.
- **Of the 23 only 11 were NWL** children and young people.
- The unit is (and needs to be) staffed for 5 patients but often only has only 2 in the unit. It has also had periods where it was completely empty due to the low number of referrals who meet the admission criteria.
- The service is not sustainable, equitable, or clinically justified and has stopped taking new admissions.

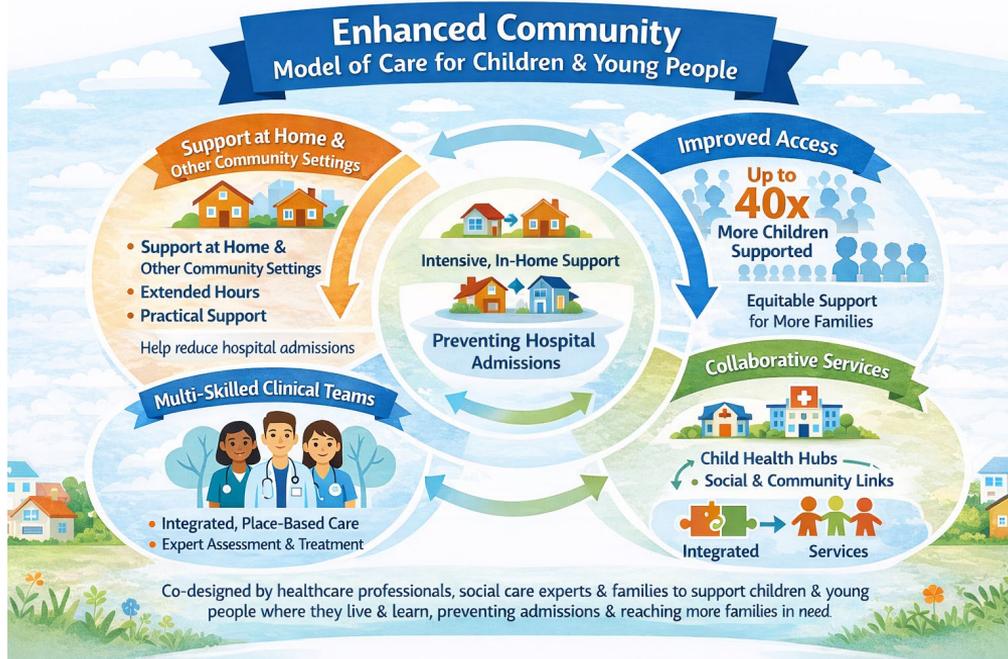
# Why we are proposing these changes



- Changes in national policy and care model for people with a learning disability, as well as changes to the Mental Health Act > detention only for mental illness — many children and young people with learning disability will not meet the new criteria.
- Low use, high cost, and long length of stay. Reduced demand and a limited number of referrals meeting the eligibility criteria, with only 30 NWL referrals across 6 years.
- A recent national review has demonstrated only 50% of children and young people in learning disability hospitals have a mental illness.
- The NHS 10-year plan mandates all systems to reduce admissions and length of stay for people with learning disabilities.
- Admissions are frequently crisis-driven, not clinically indicated which is traumatic for both the children and young people and their families.
- Evidence based: CAMHS community crisis teams already preventing admissions effectively and evidence of better models across the country such as in Kent.
- Most areas have not admitted in past 6 years including **21** London boroughs (of which 2 are NWL boroughs)

# A better model of care for children and young people

We've developed and continue to refine a new model of care that provides earlier, community-based support, improving outcomes for children and young people while delivering better value for the health and social care system



- Reach up to 40× more children and young people than the current model
- Early, community-based support prevents escalation and reduces costly admissions to hospital and residential placements
- Continuity: care in familiar community settings builds trust, engagement and better long-term outcomes
- Holistic, inclusive approach reduces health inequalities and keeps young people connected to family, school and community

# Making better use of our limited resources



- The service currently costs **£2.9 million** per year to run, plus additional exceptional care packages, for an average of four admissions per year across all London boroughs.
- We have negotiated that a minimum of **£1.75m of that money** will remain in North West London, with the remaining **£1,160** distributed across the rest of London.
- **Greater impact per £:** all funds will be fully reinvested into this CAMHS pathway and the services supporting all North West London boroughs.
- Currently, we admit just **2** NWL young people per year on average - costing NWL **£875,000** for each admission into the unit.
- Our new model will expand that to support up **to 40 times** more children and young people.
- **Focus on prevention and early intervention:** enables a far more impactful, equitable service for many more families.

# What happens if an admission is required?



## **Community Care → Assessment → Only if Needed → Short Hospital Admission → Back to Community Support**

- If a child or young person's needs exceed what can be safely managed in the community, a hospital admission will be arranged promptly.
- We will use our local General Adolescent Units (GAU) beds with appropriate adjustments and exceptional packages of care.
- Admissions will be focused, goal-oriented, and as brief as clinically possible to get children back to familiar environments.

# Engagement 2024 – Summer 2025

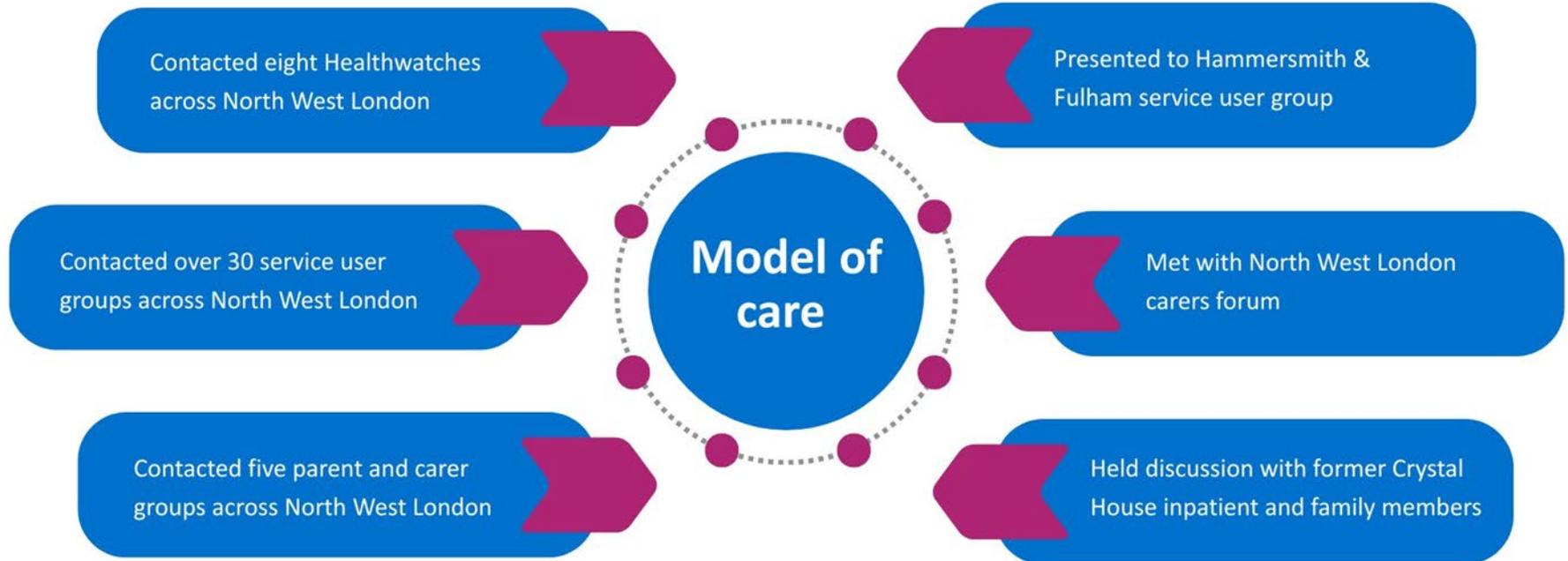


## Key themes

- Strong preference for community-based support
- Continuity of care: support at home and school and reduced disruption to education and routines
- Long hospital stays seen as harmful
- Clear gap in North West London services - Crystal House valued but underused
- Strong appetite to co-design new provision
- Skilled teams who understand learning disability and autism and clear crisis pathways

# Engagement activity (continued)

## Summer 2025 – present



# Next steps

## March 2026: Discharge current patient

Currently, there is only one young person on the unit.

- They have been clinically ready for discharge for 6 months.
- We are actively working towards a planned discharge by the end of March.
- This will result in no patients on the unit from the end of March, reflecting a move towards community-based care

## April 2026: New transitional model

Implement our transitional model while we further develop our proposed new model of care

## October 2026: Embed new model

Fully embed our proposed new model of care

## Ongoing engagement

We will continue to seek and listen to feedback to inform the further development of our plans and model of care