worcestershire countycouncil

NHS South Worcestershire Clinical Commissioning Group

NHS Redditch and Bromsgrove Clinical Commissioning Group

NHS Wyre Forest Clinical Commissioning Group

Worcestershire Health and Care NHS NHS Trust

Worcestershire NHS Acute Hospitals NHS Trust

Worcestershire Children and Young People's Multiagency Urgent Mental Health Care Pathway

Key agencies/services involved in the development of this pathway document:

Worcestershire Health and Care NHS Trust's Child and Adolescent Mental Health Services and Adult Mental Health Services, Worcestershire Acute Hospitals Trust's paediatric and A&E departments, Worcestershire Children's Social Care, West Mercia Police, West Midlands Ambulance Services, Worcestershire CCGs, Worcestershire County Council Health and Early Help Commissioners, NHS England Birmingham and Black Country Area Team and Arden, Herefordshire and Worcestershire Area Team.

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Name of originator/author:	Angela Kirton, Commissioning Manager, Worcestershire County Council
Target audience:	CAMHS and AMHS staff from Worcestershire Health and Care NHS Trust Worcestershire County Council Social Care staff Acute Trust staff in A&E and paediatric wards West Midlands Ambulance Services West Mercia Police GPs and GP out of hours service NHS 111 service
Equality Impact Assessed:	December 2014

For Quick Reference Pathway Diagrams: see Appendixes 2 and 3

Contents

1. Purpose of this Document

This document has been developed by partners representing a range of health, social care and emergency services.

It reflects the ethos that the mental health and social and emotional wellbeing of children and young people is everyone's business.

The document describes the pathway and processes that should be followed by partners from health, social care and emergency services who care for children, young people and their families who present in emotional distress or crisis with urgent social, emotional, behavioural or mental health needs which may include deliberate self harm.

It also guides and reminds partners that children and young people's needs are central to the process and that cooperative multiagency working is often required in these cases which frequently combine a complex pattern of social, emotional and health factors. Service boundaries should not get in the way of excellent care and vigilant safeguarding.

We aim to ensure that children and young people:

- Receive the appropriate assessment, care and treatment in the environment best suited to their needs.
- Are cared for by professionals who take a child centred approach, placing the needs and views of the child or young person in the centre of their care, and who work collaboratively with others to achieve this.
- Are referred to the appropriate agency to meet their needs and to minimise harm.
- Are safeguarded and are referred to Children's Social Care if considered to be at risk of significant harm.

2. Monitoring Process

The protocol will be monitored by quarterly meetings of the Children's Urgent Mental Health Care/Interface group. Any issues will be reported to the Integrated Commissioning Executive Officers Group (ICEOG).

3. Who is this document for?

This document is primarily for use by professionals who care for children and young people with urgent and complex mental health needs who may access emergency care in crisis. It is most relevant to professionals involved in emergency services, primary health care, acute hospitals, social care and secondary mental health services.

4. Worcestershire Safeguarding Children's Board suicide prevention guidance

Professionals in universal services who work directly with children and young people on a day to day basis, but who are not specialists in the field of young people's mental health may also encounter children and young people in crisis. If the issues are around self-harm and suicide, these practitioners, are encouraged to use the WSCB suicide prevention guidance **'What to do if you believe a child or young person might be at risk of suicide'** found at

http://westmidlands.procedures.org.uk/local-content/ykjN/suicide-prevention

This WSCB guidance makes it very clear that their role is not to make a risk assessment, but does reinforce the need for practitioners to take action if they have concerns and provides tools for them to use in conversations with young people who might be at risk. The guidance also includes a referral pathway which emphasises the importance of convening a multi-agency risk management meeting once the risk assessment has been completed and a young person has been identified as being at risk of suicide. The risk management meeting will be co-ordinated by either Children's Social Care or CAMHS. This meeting is used to agree on and record the risk management plan, which details the specific actions to be taken by all the relevant parties – professionals, parents/carers, young person, significant others – to manage or reduce the risks. It should also specify the action to be taken if the risk of suicide changes/increases to ensure a timely and appropriate response to safeguard the young person.

5. Other relevant policies, guidance and directives

- NICE Clinical Guideline 16: Self-harm in over 8s: short-term management and prevention of recurrence (2004)
- NICE Clinical Guideline 133: Self-harm in over 8s: long-term management (2011)
- Protocol for implementing a multi-agency response for the care and discharge plan following Acute Trust (hospital) admission of a child or young person with urgent and complex mental health needs. Copies sourced from chsjcu@worcestershire.gov.uk
- Policy of Arrangements and reporting requirements for the voluntary of compulsory admission and treatment of young persons (age 16-17) to adult mental health wards (2017)
- NHS England CAMHS Tier 4 referral pathway and guidance notes.
- Place of safety operations – sections 135 / 6 of the Mental Health Act 1983.
- Managing self-harm in young people CR192 (2014) Royal College of Psychiatrists
- Mental Health Act 2007 and subsequent amendments

6. Guidance on consent issues for children and young people

Competence of a young person to give or withhold consent
Any young person aged 16 years or over is presumed by law to be competent and to have capacity (as defined in the Mental Capacity Act, 2005) and therefore has the right to give or withhold consent, independent of their parents' views. Any young person under 16 years of age may wish to give or withhold consent to treatment or the sharing of information about them, independent of and in contradiction of their parents' views. This wish should be acceded to where the young person is deemed to be of sufficient age and understanding to give informed consent. It is for the practitioner working with the young person to make that judgement, applying the Gillick Competence.

The Gillick Competence is used to consider the ability of children and young people under the age of 16 to give informed consent. Young people under the age of 16 can give valid consent if they are presumed to have sufficient understanding to appreciate fully what is proposed, and they are capable of expressing their own wishes. If a young person meets these criteria, their consent overrides that of the person with parental responsibility for them.

If a child is not deemed to be legally competent, a person with parental responsibility would need to give consent.

Competence and Mental Capacity
The Mental Capacity Act 2005 applies to people over 16 years of age. It provides a statutory framework to protect vulnerable people who are not able to make their own decisions.

If a young person over 16 years refuses to give consent and the refusal is deemed to be due to a mental illness, the clinician should refer to the Mental Capacity Act 2005.

Assessment of mental capacity is specific for each individual decision at any particular time. People are considered to lack capacity if they have an impairment that causes them to be unable to make a specific decision. The possible causes of incapacity are wide ranging and include depression, psychotic illness, distress or emotional disturbance. No specific diagnosis should be assumed to imply incapacity. To have capacity a person should be able to understand and retain relevant information about the decision and use it as part of the process of making the decision. They should also be able to communicate their decision to others.

7. Guidance on action to take if a young person self-discharges or absconds, or attempts to, pre and post-assessment

A child or young person in emotional crisis may present to services, such as a GP, GP out of hours clinic, Minor Injuries Unit or A&E, but then abscond or self-discharge before they have received the care they need. Each setting needs to assess the risk in each case and involve the Police if necessary. The Police do not operate a 'patient recovery' service per se; instead they would treat the case as a missing person and would resource the search according to the risk assessment.

Acute hospitals should involve hospital security before they call the Police. The police should not be called unnecessarily (see section 8g).

If a patient absconds from A&E before an appropriate discharge plan has been put in place and if staff believe the patient is at risk they should inform the nurse in charge, security and the family. An initial search of the premises and surrounding area should be implemented immediately. If the young person is not located within a reasonable, short period of time and assuming they are deemed at high risk of harm, consideration should be given to informing the police at that point rather than continuing with a more protracted search.

If the patient attempts to leave the paediatric ward prior to full mental health assessment, staff should use de-escalation techniques but not put themselves at risk. Paediatric nursing staff should not restrain the patient.

Under Section 5 (2) of the Mental Health Act all registered medical doctors have the power to detain current inpatients in general hospitals if they suspect they will come to harm due to mental disorder for a period of 72 hours pending completion of a Mental Health Act assessment.

If the patient absconds from the ward, staff should urgently contact hospital security who should search and then attempt to persuade the child or young person to return. If this is unsuccessful, staff should then telephone the Police, clearly stating the patient's mental state and need to return for assessment.

If the patient absconds or self-discharges after full mental health assessment and after medical treatment is complete, but before an appropriate discharge plan has been put in

place, paediatric staff should contact CAMHS SPA (or, out of hours, the Mental Health Liaison or the Crisis Resolution Team as appropriate). If they are concerned about the patient's safety they should search as above then call the Police if unsuccessful.

8. Services contributing to the pathway

(a) Child and Adolescent Mental Health Service (CAMHS)

CAMHS provides support to children and families where the young person is experiencing mental health difficulties, usually within a clinic setting. Young people who are demonstrating self harming behaviours or who are expressing suicidal thoughts or intentions may require a service from CAMHS.

Any professional who works with children, young people and families can refer into CAMHS. At present CAMHS do not accept direct referrals from parents or carers.

Referrals are made through the CAMHS Single Point of Access (SPA) and information about how to make a referral is located at:
http://www.hacw.nhs.uk/our-services/childrens-community-health-services/camhs/

Service times: 9.00am – 5.00pm Mon-Fri, excluding bank holidays.

Intensive Community Support is available for individual cases open to Tier 3, in consultation with the relevant CAMHS clinician.

CAMHS referrals are triaged through SPA during normal working hours.

Emergency assessments can be arranged within 24 or 48 hours, according to the presenting clinical need. It is important that the referrer gives very clear reasons why they are requesting an emergency assessment. This should enable the SPA clinician to evaluate the urgency and clinical need.

A referral that is urgent, but not an emergency, will be seen within 4 weeks. Other referrals will be seen within 18 weeks.

Support to the paediatric wards:

Children and young people who are admitted onto the ward following self-harm and/or suicide attempt will receive a CAMHS+ assessment on the ward once they have been assessed to be medically fit by paediatric staff. CAMHS will assess the same day, if the referral/request is made before 2pm, if medically fit for discharge, or the next working day following later referrals.

Normally a CAMHS+ clinician will ring the ward each morning before 9am to discuss any cases and plan a time for assessments. Occasionally unforeseen circumstances occur, so in the case of any deviation from this plan, or concerns about unexpected delays, the ward staff should ring CAMHS SPA who will coordinate an alternative plan.

A CAMHS+ clinician will then attend the ward to undertake a CAMHS+ assessment that includes a risk assessment. It is preferred that the parent/carer is available for this assessment but the parent/carer not being present will not exclude someone from having an assessment. The risk assessment used will be GRIST.

Once the assessment has been completed:

- The child or young person will be discharged home to the care of their parent/carer and a CAMHS+ out-patient follow up appointment will be offered if the child or young person is not known/open to CAMHS. If the young person or child is known to CAMHS, CAMHS+ will arrange a follow up appointment with their key worker. The child's acute hospital notes will be completed identifying the outcome of the assessment.
- Where there is significant concern from the assessment that the child or young person is at high risk of suicide or is acutely mentally ill, the CAMHS+ clinician will contact the Child & Adolescent Psychiatrist for review and advice.
- Where a child or young person is felt to require intensive community support for their mental health difficulty/illness, CAMHS can offer support from Specialist CAMHS and the CAMHS+ team in order to support them at home. This may be done in coordination with other agencies. A risk management meeting should be called where the child or young person meets this threshold, according to the Worcestershire suicide prevention guidance.
- Where the parent/carer feels that they cannot take their child home and there is no assessed mental health need warranting hospital admission/stay, the acute hospital team and CAMHS+ will discuss the need to inform Children's Social Care that a suitable placement is required and agree who will make the referral.
- Where the ward staff are concerned about a child or young person's mental health presentation they can contact CAMHS SPA within working hours for advice and guidance.
- Out of hours ward staff can obtain advice from the all-age Mental Health Liaison Team before 10pm or the Crisis Resolution Team after 10pm.

Contact details

CAMHS-SPA:
Tel: 01905 768300
Email: **WHCNHS.CAMHS-SPA@nhs.net**
Post: Wildwood
Wildwood Drive
Worcester
WR5 2LG

Risk/assessment tools used: GRIST (Galatean Risk and Safety Tool)

(b) Mental Health Liaison Service

The all-age Mental Health Liaison Service (MHLS) provides advice, specialist psychosocial mental health assessment and short term brief interventions for the management of patients presenting to Worcestershire Acute Hospitals with acute mental health needs. The MHLS liaises with CAMHS, social care and other relevant partners for ongoing care needs.

When a child or young person arrives at A&E and requires a mental health assessment, the referral will be made directly to the MHLS. If the young person has self-poisoned; consideration should be given to a 24 hour cooling off period on Riverbank Ward, as advised by NICE guidelines. MHLS will also provide assessments for children and adolescents on Riverbank during weekends and Bank Holidays when CAMHS services are not available. MHLS will notify CAMHS SPA via email following an assessment. All children assessed by MHLS may be referred to the CAMHS + follow up clinic. MHLS will send their assessment to CAMHS SPA requesting an appointment at this clinic be provided. CAMHS + will make

telephone contact with the patient/family the next working day following assessment to offer an appointment.

MHLS will respond to all A&E referrals within 1 hour, but if the child is on the paediatric ward the team have a 24 hour response time. If the child or young person is not admitted, MHLS will request CAMHS to follow up in the community. MHLS do not offer paediatric ward visits or assessments during Monday to Friday.

After 10pm ED and ward staff should contact the Crisis Resolution Team for telephone advice or Mental Health Act assessment only.

At weekends/bank holidays paediatric ward staff can request advice, support and mental health assessment from the MHLS during the hours of 8:00am-10:00pm.

Contact:
WRH: Bleep 195
AH: Bleep 0234

Hours of operation
08:00am-10:00pm 7 days a week in Worcestershire Royal Hospital and Alexandra Hospital

(c) Crisis Resolution Team

The all-age Crisis Resolution Team can provide telephone advice to practitioners concerned about a child or young person's mental health out of hours between 10pm and 8am in the Acute Trust and between 5pm and 9am to practitioners in the community. If it is judged that a Mental Health Act assessment is needed, the team can also coordinate this.

Contact: 01905 681915
Hours of operation: 7 days a week

(d) Paediatric Wards - Riverbank

Riverbank ward accepts children and young people under the age of 18 for admission to a bed when there are physical medical needs that require treatment by a paediatrician on an in-patient basis. Young people aged 16 and 17 will be given a choice between an adult ward or paediatric ward for their admission, and the final decision on this will be based on individual needs and current circumstances.

(e) Emergency Department: A&E and Clinical Decisions Unit

Accident and Emergency Departments at local hospitals are able to assess and respond to the treatment needs of young people who have self injured or taken overdoses. A&E Doctors can undertake initial risk assessments and preliminary psychosocial assessments where children and young people have presented following self harm. Where there is a risk of suicide or concern about serious mental illness, A&E doctors can access advice from the all-age mental health liaison team or Crisis Resolution Team out of hours.

Young people who are expressing suicidal thoughts or behaviours, but who have not physically injured themselves or taken an overdose, should not be taken to Accident and Emergency Departments in the first instance. Practitioners are encouraged instead to contact CAMHS SPA for advice during office hours, or the Crisis Resolution Team out of

hours. They may also take these young people to their GP or the GP Out of Hours service for the initial risk assessment. Onward referral to, or advice from CAMHS may be required during office hours. Out of hours GPs can access advice from the Crisis Resolution Team.

Service times: 24 hours, 7 days a week.

Risk/assessment tools used: Mental Health Matrix, Mental Health Risk Assessment for Paediatric Admissions.

(f) GP/Out of Hours GP

GPs are trained to consider the mental health of patients in primary care consultations and play a significant role in the prevention, detection and management of mental health issues in respect of their patients.

A young person's GP will be able to make an initial assessment of the mental health needs of a young person, including risk of harm, and take the appropriate action to address this risk. They will also take responsibility for making a medical assessment of the need for treatment following a serious self harm incident or suicide attempt. Out of hours responses are available. Patients can call 111 to access the GP out of hours service.

GPs can access further advice from CAMHS SPA during office hours and from the Crisis Resolution Team out of hours.

GPs are generally available during normal office hours. Out of hours GPs can be accessed via NHS 111.

111 Service times: 24 hours, 7 days a week.

(g) The Police

The primary role of the police is to protect people and communities from harm. The police may be asked to support the urgent mental health care pathway in circumstances where there is a risk of harm to self or others resulting from risk taking or aggressive behaviour in a young person with complex social, behavioural or mental health needs. The police should be called when the behaviours and risks cannot be contained by the family or professionals already present and caring for the young person.

The specific reason for requesting police assistance should relate explicitly to the ‘RAVE’ risks.

Resistance
Aggression
Violence
Escape

This will help to establish whether a non-criminal incident should involve the police. The risks should be at such a level that health, social care and security staff cannot manage the young person by applying their normal procedures. Where there are no RAVE risks present it could be argued that there is no statutory requirement for police to become involved. The professional considering calling the police needs to make their own judgement as to the proportionality and necessity for police intervention. They should

consider whether involving the police could have a further detrimental impact on the young person and whether this could potentially escalate their behaviour.

When a call is made for police assistance, the call taker or Control Room Supervisor will review the request for assistance, seeking further information where necessary and instigating police checks of the individual to help assess the risk and the need for police deployment.

When a member of the public calls the police directly with concerns around a child or young person's mental health, the most appropriate response would depend on the level of risk and whether any physical medical need was present. If there is no serious physical medical need, the police should contact CAMHS-SPA for advice in office hours, or the GP Out-of-hours service outside office hours. If there is a serious medical need, A&E would be the appropriate destination.

Police Protection Powers
A police officer can implement Police Protection Powers under Section 46 of the Children Act. In these circumstances the officer may remove the child to suitable accommodation, or hold a child in a hospital or a place of safety if they are already there. The child may be held in police protection under S46 for up to 72 hours. The police would during that time liaise with children's social care and other agencies to establish the most appropriate accommodation for the child.

If the child or young person has physical medical needs the police officer would call a medical professional or Ambulance to assess their needs, depending on urgency.

Section 136 pathway
A small number of young people under the age of 18 are detained each year by a police officer under section 136 of the Mental Health Act. This situation arises when a police officer comes upon a person appearing to be suffering from mental disorder and to be in immediate need of care or control in order to protect them and others from harm. This power can be used in public places, but not in private dwellings. The officer may, under S136 of the Act, remove the person to a place of safety within the meaning of this section of the Act. Places of Safety in Worcestershire include the S136 Assessment Suite at the Elgar Unit (which is on Worcestershire Royal Hospital site), and the custody suites in police stations in Redditch, Kidderminster and Worcester, although custody suites must only be used in exceptional cases, but never for a person under 18. It should be noted that A&E and Acute Trust wards are not **designated** places of safety under the meaning of S136 of the Act, but in some circumstances could be used as a place of safety.

If the child or young person detained under S136 of the Act has medical needs they may be taken for treatment to an Accident and Emergency Department. In this event there is an expectation that the police will remain until the S136 is discharged or until the child or young person is transferred to another place of safety under the meaning of the Act.

If, however, the S136 has been discharged and there are ongoing medical needs the child or young person may be admitted to a paediatric ward until they are medically fit for discharge either to their home or to an alternative mental health placement.

The most recent S136 Protocol is available from chsjcu@worcestershire.gov.uk

Contact details:
In emergency Tel: 999
West Mercia Force control room: Tel: 101

(h) West Midlands Ambulance Service

The role of the ambulance service within this pathway is to respond to urgent and emergency requests for conveyance of a patient to receive treatment from a hospital emergency department or other health unit. The service also responds to Police requests for emergency conveyance under S136 of the Mental Health Act.

Prior to conveyance, the Transfer Dynamic Risk Tool is used by the multi-professional team to assess the risk of violence, escape etc.

Procedure for Urgent Requests for Conveyance (not S136)
The West Midlands Ambulance Service will provide a response to urgent requests for conveyance (category 1 and 2 in the risk level) within a 4 hour time frame or sooner where resources allow. The Approved Mental Health Practitioner / Responsible Clinician / Mental Health Practitioner must have completed the conveyance risk decision tool and communicated this to the Ambulance Control on making the booking.

For category 3 and 4 transfers (high risk) the ambulance will respond under emergency conditions as an immediate priority. The ambulance control room should be contacted via a 999 call for these transfers once the police are in attendance.

The Approved Mental Health Practitioner / Responsible Clinician / Mental Health Practitioner is responsible for arranging the attendance of the police. Once the police are in attendance the ambulance should be contacted via a 999 call stating the reason for transfer (i.e. section 2 patient) and confirming the police are on scene.

The only time a more urgent time limit will be agreed is where the patient has a clinical need requiring urgent medical treatment or a justifiable change in circumstances.

Emergency Requests for Conveyance
The West Midlands Ambulance Service will respond to all 999 calls following the relevant policies and procedures.

Following an emergency request for conveyance a WMAS clinician will assess whether the patient requires conveyance to an Emergency Department for further medical assessment and/or treatment (the agreed route for the conveyance of children and young persons). If conveyance is needed, the Trust will convey the patient to the most appropriate Emergency Department or alternative unit for the patient's condition.

Where the patient has been detained under Section 136 of the Mental Health Act and the patient is not deemed as having any clinical need to attend an Emergency Department they will be conveyed to the locally agreed s136 suite for assessment or to the nearest designated Place of Safety and will be accompanied by the Police officer that detained the patient.

It must be understood that a 999 request is not to be used to convey patients that are not detained in an emergency under the Mental Health Act, or do not require immediate care from the West Midlands Ambulance service or an Emergency Department to prevent loss of life or limb.

In exceptional circumstances there may be occasions where a patient requires conveyance outside of the contracted area. Where possible this should be a pre-booked arrangement, however if this is not possible the needs of the patient should be paramount and conveyance should not be delayed.

(i) Children's Social Care

SAFEGUARDING concerns may occur at any stage of the urgent care pathway – professionals should follow their organisation's safeguarding policy. Where there are concerns, these should be discussed for guidance with a Named Safeguarding Nurse or a Community Social Worker.

Should there be evidence or reasonable cause to suspect that:

- A child or young person's health or development is likely to be impaired without services, i.e. that has critical or acute needs.
- They are suffering or are likely to suffer significant harm.
- In danger and needs immediate protection.

Contact should always be made to Children's Social Care Family Front Door by completing the 'Referral to Children's Social Care' online form, or if risk is immediate, contact the Police on 999, Family Front Door on 01905 822 666, or outside office hours 01905 768020.

The 'Referral to Children's Social Care' online form can be accessed via Worcestershire County Council's website www.worcestershire.gov.uk/childrenreferral.

The form can also be accessed through the Worcestershire Children's Portal for those who have an account.

Children's Social Care is the lead agency for responding to children and young people for whom there are welfare concerns or where there is a risk of significant harm. Young people who demonstrate self harming behaviours or who express suicidal thoughts or intentions will not automatically require a service from Children's Social Care, however serious consideration should always be given to making a referral.

Children's Social Care will be invited to the Risk Management Meetings regardless of whether the young person is known to their service.

A referral should always be made where there are concerns about the reasons for the young person's suicidal thoughts or intentions, such as abuse or neglect.

(j) CAMHS Tier 4

CAMHS Tier 4 services are highly specialised mental health services, usually provided on an in-patient basis for children and young people who require assessment and treatment for severe and complex mental health disorders. Tier 4 services are commissioned by NHS England through regional specialised commissioners working within local area teams. In the West Midlands region CAMHS Tier 4 services are commissioned by the specialised commissioners in the Birmingham, Solihull and Black Country Area Team. Tier 4 in-patient services are almost always provided out of county, although there is one eating disorder unit in the south of the county.

Referrals are generally made to the Tier 4 gatekeeper (Parkview) by CAMHS Tier 3 psychiatrists. The CAMHS Tier 4 referral process is outlined in the NHSE Specialised

Mental Health Services CAMHS Operating Handbook Protocol, which is attached as Appendix 4.

CAMHS Parkview Clinic
60 Queensbridge Road
Moseley
Birmingham B13 3QE
Tel: 0121 333 9955

Transforming Care

'Transforming Care' is NHS England's commitment to improving the care of people with Learning Disabilities, and/or Autism Spectrum Disorder (ASD). It seeks to avoid inappropriate hospital admissions, and promote early and effective discharge planning. The key processes are:

a) Care, Education and Treatment Reviews (CETR's)

b) Dynamic Support Register (DSR)

Community Care, Education and Treatment Reviews (CETR's)
A Community CETR is required if concerns for a person's deteriorating mental health means a psychiatric in-patient bed (Tier 4) may be required. It brings together those responsible for commissioning/procuring services (including nurses, social workers, education commissioners, health, education and other professionals) with independent clinical opinion and the experience of people from communities with learning disabilities, autism or both.

The community CETR investigates whether appropriate care is being provided, and whether there are alternatives to hospital admission.

Dynamic Support Register (DSR)
The DSR is a register of Children and Young people in the community where there are a) concerns for their mental health, or b) they have previously had an in-patient admission, or c) are in a 52 week residential education placement. It serves as an early warning to help avoid the need for CETR's, and/or hospital admission. (The register is voluntary and reliant on consent).

For further information on transforming care please contact the Children's Community Health Commissioning Team chsjcu@worcestershire.gov.uk.

(k) Forensic Mental Health Service for Young People

The Forensic CAMHS Pathway (sometimes referred to as CAMHS Tier 5) provides assessment and in-patient provision in medium secure CAMHS inpatient facilities for children and young people whose mental health needs include high forensic risk. Referrals can be made by CAMHS, the Youth Justice services and Secure Children's Homes to the nearest Forensic CAMHS provider. The local provider is Ardenleigh Clinic in Birmingham. Referrals are considered by a national referral group.

The service is commissioned by NHS England and the local specialised commissioner sits within the Birmingham, Solihull and Black Country Area Team. The pathway operates

separately from the CAMHS Tier 4 pathway and a child or young person referred to Forensic CAMHS would not normally be considered for acceptance by Tier 4 until the outcome of the Forensic CAMHS assessment is known.

9. Service to service handover

Each partner service in the pathway will take responsibility to ensure that there is effective handover of case information to the next partner caring for the child or young person, copying in any other relevant partner, such as the GP. This includes handover from in-hours staff to out-of-hours staff who are in a different service. The information handed over should include clinical needs, risk management information and any relevant information on the progress of any delays in the Tier 4 pathway.

CAMHS handover arrangements

When the CAMH service is aware of an unwell young person on the wards or being admitted to A&E and it is close to the end of the working day/week, the CAMHS clinician will contact the all-age Mental Health Liaison team to give details of the case for their information in the event that advice or assessment is required out of hours. This will be done verbally and followed up by e mail where possible. If a conversation cannot take place an e mail is sent to the team leader and manager for this team.

When the CAMH service is aware of an unwell young person in the community who may be awaiting Tier 4 admission, or is a new presentation to CAMHS, or where CAMHS have information that may support the out of hours mental health services, the CAMHS clinician will contact the Crisis Resolution Team to appraise and update them. This will be done verbally where possible and the conversation documented.

10. Communications around children and young people with urgent social, emotional, behavioural or mental health needs

Coordinating communications in these often complex cases is **essential** so that:

- Progress of the case in real time can be monitored so that escalation can be triggered when needed, actions can be prompted rapidly and momentum can be maintained. An accurate audit trail is also important.
- All relevant information on the case and its progress is held in one place in each agency and by the central communications coordinator to avoid confusion and misinformation adding to delays.
- The number of people who 'need to know' can be minimised in order to protect patient confidentiality.

NB: all communications should protect patient confidentiality. Person identifiable information should <u>not</u> be included in emails between organisations unless it is sent via secure networks, such as between nhs.net and gcsx.gov addresses. NHS.net has an encryption feature for communication with non-secure email accounts. See <u>www.hscic.gov.uk</u>

The central communications coordinator at the 'hub'

The Children's Commissioning Team will act as central communications coordinator (the 'hub' in the 'hub and spoke' model) for cases requiring multiagency input **where there appears to be delay**.

Email: chsjcu@worcestershire.gov.uk

The role of the central communications coordinator is to escalate issues to CCGs and to NHS England whenever there appears to be a delay in the pathway. They then keep key staff in each agency up to date.

Each agency should nominate a communications coordinator to act as a 'spoke'

Each agency should nominate one person to be responsible for collating the most recent information on each case and acting as the conduit for communications between agencies and with the 'hub'. This person will act as the 'spoke' in a 'hub and spoke' communications model. It is important that this person is proactive in passing on any update to the central coordinator as soon as the information is received. This is so that the progress of the case can be actively monitored and progressed or escalated in a timely manner.

The communications coordinator within CAMHS

This role is carried out by the lead for CAMHS + team, or their deputy (contactable through CAMHS-SPA). The role involves:

- Communicating the most recent case information to the children's commissioning team at the 'hub', if there is a delay in the process.
- Chasing progress of Tier 4 referrals with specialised commissioners. This will require coordinating with the lead clinician for the case.
- Coordinating any intensive community support package and risk management plan required to manage a child or young person either prior to referral to Tier 4, or waiting for Tier 4 admission or being discharged from Tier 4 or an acute hospital bed. This is likely to require multiagency coordination, keeping relevant partners informed of progress with plans on a (at least) daily basis.

The communications coordinator within Social Care

This role is carried out by the relevant group manager for safeguarding, or their deputy. The role involves:

- Communicating the most recent case information to the children's commissioning team at the 'hub', if there is a delay in the process.
- Coordinating the social care input to the case, including the social care contribution to any intensive community support package and risk management plan keeping the Acute Trust and CAMHS informed of progress with plans promptly (minimum of twice daily).

11. Escalation process to CCGs for exceptional cases held inappropriately in paediatric wards, or accommodated inappropriately in the community

In-hours the Acute Trust and Health and Care Trust providers and commissioners may escalate concerns about delays or issues in the pathway to the CCGs via:

Associate Director of Nursing & Quality
NHS Redditch and Bromsgrove Clinical Commissioning Group
NHS Wyre Forest Clinical Commissioning Group
NHS South Worcestershire Clinical Commissioning Group
01527 482935 (x32935)

Out of hours escalation is to the CCGs on-call manager reached via Worcestershire Royal Hospital switchboard:

Tel: 01905 763333

Teleconference for cases delayed in the community or in a local inpatient bed
An emergency teleconference may be called by a senior manager from the Acute Trust, or other agency, in situations where there is a delay in the urgent care pathway. This is in addition to any multiagency risk planning or rapid response discharge planning meetings for operational staff.

The aim of the emergency teleconference is to resolve barriers in the pathway by engaging senior managers from CAMHS, the Acute Trust, social care, adult mental health, NHS England, children's commissioners and CCGs as appropriate. Senior managers from each agency have agreed to prioritise these conference calls. **See Appendix 1 for details.**

12. Use of risk assessment tools

There is currently no general consensus between partners contributing to this pathway on the use of risk screening tools for children and young people who present with urgent or complex mental health needs in A&E.

The Emergency Department doctors use a Mental Health Matrix tool, which provides an initial assessment of risk and needs in adults. This is not approved for use with children. The ED also uses a Mental Health Risk Assessment for Paediatric Admissions tool, which provides preliminary guidance on risk for use by ward staff. This tool has been approved by CAMHS doctors for use in the Emergency Department.

The Children's Ward use a modified version of the Australian Mental Health Triage Scale for Children and Young People which is recommended by NICE.

The National Institute for Health and Care Excellence (NICE) recognises that risk scales are widely used in clinical practice, but their sensitivity and specificity is at best modest. NICE recommends a randomised controlled trial to assess their effectiveness. The current guidance on their use according to NICE Clinical Guideline 133, states:

'When assessing the risk of repetition of self-harm or risk of suicide, identify and agree with the person who self-harms the specific risks for them, taking into account:

- methods and frequency of current and past self-harm current and past suicidal intent

- depressive symptoms and their relationship to self-harm any psychiatric illness and its relationship to self-harm
- the personal and social context and any other specific factors preceding self-harm, such as specific unpleasant affective states or emotions and changes in relationships
- specific risk factors and protective factors (social, psychological, pharmacological and motivational) that may increase or decrease the risks associated with self-harm
- coping strategies that the person has used to either successfully limit or avert self-harm or to contain the impact of personal, social or other factors preceding episodes of self-harm
- significant relationships that may either be supportive or represent a threat (such as abuse or neglect) and may lead to changes in the level of risk
- immediate and longer-term risks.

NICE further states:

'Risk assessment tools and scales are usually checklists that can be completed and scored by a clinician or sometimes the service user depending on the nature of the tool or scale. They are designed to give a crude indication of the level of risk (for example, high or low) of a particular outcome, most often suicide.

- Do not use risk assessment tools and scales to predict future suicide or repetition of self-harm.
- Do not use risk assessment tools and scales to determine who should and should not be offered treatment or who should be discharged.
- Risk assessment tools may be considered to help structure risk assessments as long as they include the areas identified in the recommendation above.'

13. Admission of under-18s to paediatric wards following an episode of self-harm.

Evidence shows that most self harm takes place in the community and the vast majority of young people do not attend an acute hospital following an incident of self harm (Hawton et al 2009). Instead they may receive support in the community from teachers, GPs, school nurses or CAMHS. This pathway clarifies other options for children, young people and their families seeking help for self-harm or other emotional and mental health issues so that front line practitioners do not need to automatically refer to A&E.

Guidance from the Royal College of Psychiatrists (CR192, 2014) describes the range of risk levels when self harm is a feature:

> 'Not all acts of self-harm would be considered an acute presentation in the community. Young people who self-harm in the community may be at a range of levels of risk, from low risk to chronically high risk. The same applies to people with physical health conditions.
>
> Attending hospital comes about since someone has considered the risk to have significantly increased. This can be from a physical perspective (commonly, risk of harm from an overdose) or a psychiatric perspective (such as acute suicidal ideation). Acute suicidal ideation may be sufficient to justify hospital attendance, despite the absence of an act of self-harm.'

NICE guidance (CG 16, 2004) states that

> ‘all children and young people who self-harm should normally be admitted to a paediatric ward overnight and assessed fully the following day before discharge or further treatment and care is initiated’.

The Royal College of Psychiatrists guidance re-iterates NICE guidance and expands on these recommendations, pointing out that admission is of particular importance for under 16s:

> 'In line with NICE guidance, young people under the age of 16 seen in the emergency department following acute self-harm presentations should be admitted. Admission should be to a paediatric, adolescent or medical ward or to a designated unit. This is indicated regardless of the individual’s toxicological state so that comprehensive physical and psychosocial assessments can occur and management/crisis intervention can be planned and initiated.'
>
> 'The clinical purpose of hospital admission following an acute presentation of self-harm is to allow mental health assessments to be undertaken in a calm and considered manner, by staff experienced in assessing young people and their families.'
>
> 'For 16- to 17-year-olds, a developmentally sensitive and risk-proportionate approach should be taken. The objectives continue to be detection of difficulties and high quality mental health assessment and planning, focused on the most vulnerable young people. If these objectives can be met and safe discharge planned, then it is suggested that a young person aged 16–17 seen in the emergency department following an acute self-harm presentation does not always need to stay overnight. However, if in any doubt, admission should follow.'

This pathway does not dictate to clinicians how they should manage cases; instead it presents the options available. All cases will need to be considered individually and the acute hospital clinician, or practitioner in the community, responsible for the case may wish to discuss the issues with CAMHS SPA or the all age Mental Health Liaison and Assessment teams in order to make their clinical decision.

Individual clinicians must have regard to NICE guidance and other good practice guidance in making their own decisions about when to discharge a child or young person. This pathway does not remove the responsibility for making clinical decisions from individual clinicians.

14. Procurement of specialist RMN agency cover

14.1 In-hours

- A young person is admitted to a paediatric ward displaying behaviour that paediatric ward staff believes could put them and/or others at risk of serious harm.
- CAMHS is contacted via the CAMHS SPA: 01905 768300 and a clinician will assess as per protocol within 24 hours, offering telephone advice on management of the behaviour in the interim.
- If following assessment, or prior to assessment during telephone conversations, both CAMHS and paediatric ward staff feel the risk is too high for paediatric ward staff to manage alone, the paediatric ward staff will procure RMN cover.

- The ward staff will inform the Children's Community Health Services Commissioning Team ASAP, by phone or email, of the need for agency cover and will follow this up by secure email with details below:
    - **For patients registered with a Worcestershire GP**: the ward staff will forward the name, date of birth, NHS Number, dates of RMN cover and hospital/ward by secure email to chsjcufundingrequests@worcestershire.gcsx.gov.uk
    - **For patients <u>not</u> registered with a Worcestershire GP:** The Acute Trust's Contracting Team will contact the appropriate CCG regarding payment

14.2 Out-of-hours

- Following admission of a young person out of hours, if both the Mental Health Liaison Service and the paediatric ward staff feel the risk is too high for paediatric ward staff to manage alone, the ward staff will make the decision to approve the procurement, putting the reasons, case details and timings in a secure email to the Children's Community Health Services Commissioning Team.
- The Children's Community Health Services Commissioning Team will confirm receipt on the next working day.

14.3 Monitoring, review and finance processes

- The requirement for specialing will be reviewed daily via discussion between the Mental Health Liaison Service/CAMHS and paediatric ward staff. If the requirement for specialing is prolonged, CAMHS will send a weekly report by email to the Children's Community Health Services Commissioning Team chsjcufundingrequests@worcestershire.gcsx.gov.uk
- The Paediatric Matron will arrange for the Finance Department to email invoices to the Children's Community Health Services Commissioning Team by secure email chsjcufundingrequests@worcestershire.gcsx.gov.uk within 4 weeks
- Invoices should be accompanied by the following information:
    - Initials of patient
    - DoB of patient
    - NHS No of patient
    - Reason for admission (e.g., self-harm, overdose etc)
    - Which ward/hospital agency cover was provided on
    - The name of the agency procured, with dates and number of hours provided
    - Where the patient was discharged to (e.g., home, Tier 4)

- The Acute Trust should maintain a log of incidences where RMNs cannot be procured or where they have been procured but do not fulfil the requirements. This will inform future options for the procurement of specialing nurses.
- Where there are behavioural challenges and these are related to social care requirements, social care should be contacted to discuss provision of family support workers to attend the paediatric ward where appropriate.

14.4. Assumptions:

- That the Acute Trust will only request specialist RMN cover if normal paediatric ward staffing is also in place (the arrangement is not intended to cover when there is short staffing on the ward).

- That ward staff have already assessed risks on the ward and have reduced as far as possible all risks – this would be done by use of standard environmental risk assessments for self-harm. The Mental Health Liaison Service or CAMHS can advise.

15. Transfer to Tier 4 placements

In the event that the Tier 4 pathway has been activated and it is judged that a young person requires transport to Tier 4 for assessment or admission, the clinician managing the referral will contact the Children's Community Health Services Commissioning Team by phone or email to look at the most cost effective options and for approval. **The first option for consideration should always be the use of West Midlands Ambulance Service.** This will be followed up by a secure email to chsjcufundingrequests@worcestershire.gcsx.gov.uk recording reasons for recommendation, case details (name, DoB, NHS No) and timings of journey/s required.

- Once approved, the clinician managing the referral or paediatric ward staff will procure the transport.
- If transport is required urgently out of hours, the clinician managing the referral or paediatric ward staff will procure the transport and notify the Children's Community Health Services Commissioning Team by email including the reason for need, case details (name, DoB) and timings of journey/s required.
- The Children's Community Health Services Commissioning Team will only pay invoices received from transport providers where there has been justification that West Midlands Ambulance Service cannot be used and where an email has been received outlining the reason for need, case details and timings of journeys.

Appendix 1: Conference Call Arrangements: Tier 4/Complex mental health issues in under 18s

When concerns arise regarding delays in the urgent care pathway a conference call between relevant senior managers will be set up, the purpose of which is to remove barriers in the pathway. This call is in addition to operational risk management meetings and rapid response meetings that will also be required.

If the case concerns the delayed discharge of a child or young person on a Worcestershire Acute Hospitals Trust paediatric ward, a conference call will be called by the Acute Trust at 1.30pm on that day. If the concerns are for a child delayed in the community whilst waiting for a Tier 4 bed either CAMHS, social care or commissioners may set up the call.

Senior managers from all agencies have agreed these conference call arrangements. The person setting up the call will arrange for an email to alert the individuals who will be part of the call to be sent earlier in the day so that diaries can be re-arranged.

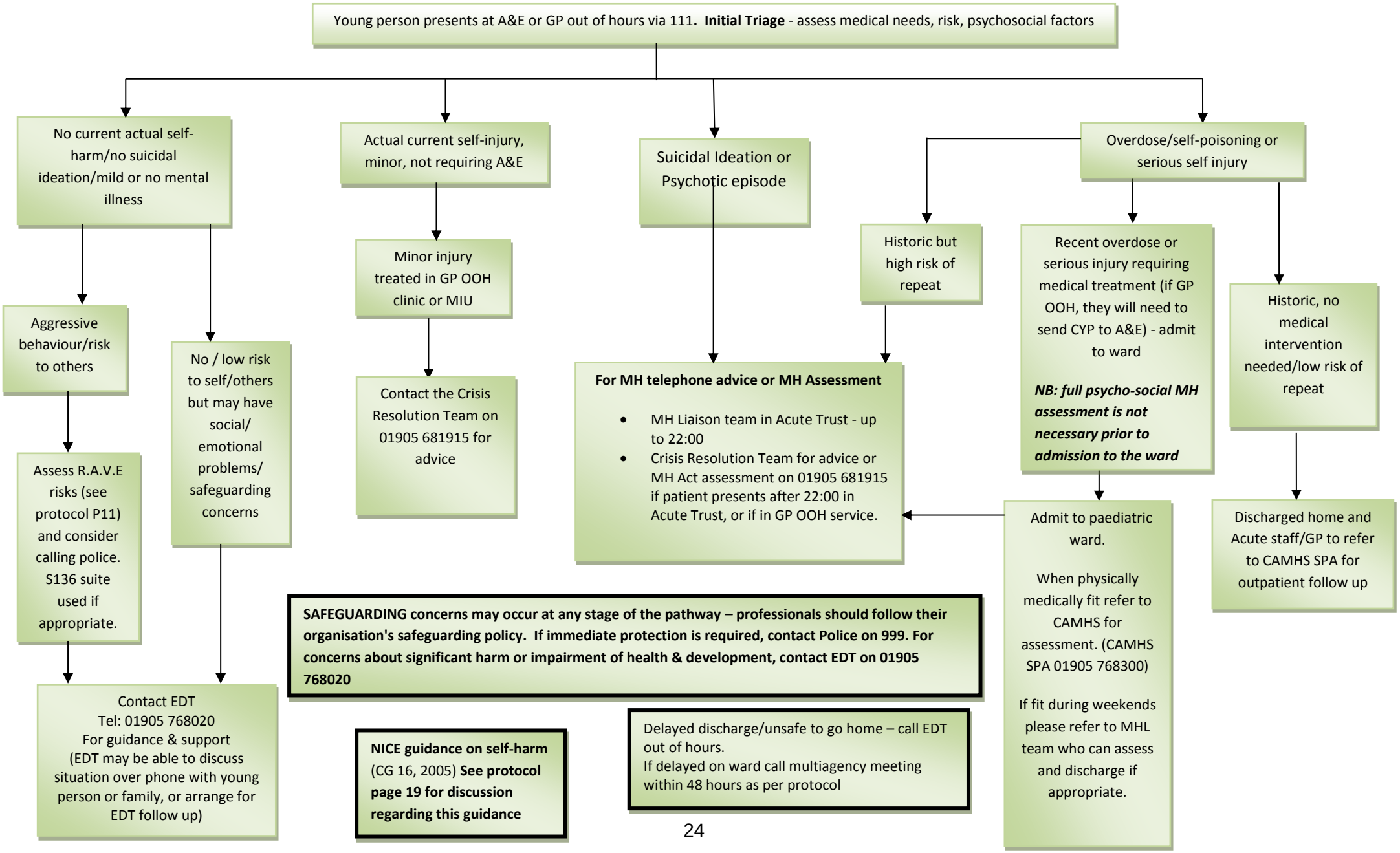
Contact details for conference calls

Organisation	Job title	Contact details
Worcestershire Acute Hospitals Trust	Chief Operating Officer Deputy Chief Operating Officer	Contact via Worcestershire Royal Hospital switchboard: 01905 763333
R&B/WF/SW CCG	Associate Director of Nursing & Quality	01527 482935 (x32935)
Worcestershire County Council: Children's Joint Commissioners	Lead Commissioner Review & Liaison Officer	Contact via WCC switchboard: 01905 763763 chsjcu@worcestershire.gov.uk
Worcestershire County Council, Children's Social Care	Assistant Director Provider Services/Safeguarding Services	01905 844524

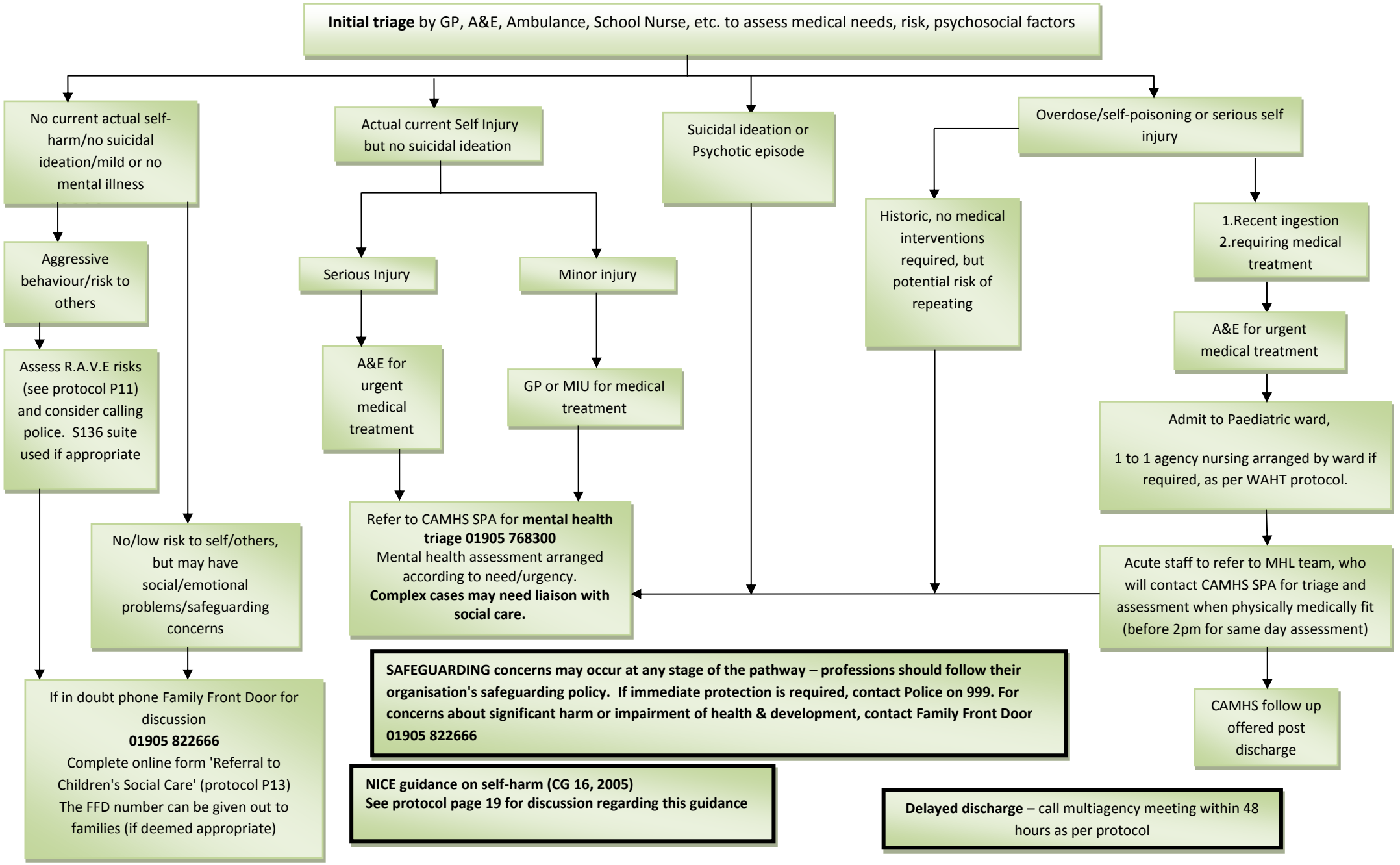
Organisation	Job title	Contact details
	Group managers	
NHS England Birmingham, Solihull and Black Country Area Team: CAMHS Tier 4 Specialised Commissioners	The Senior Supplier Manager CAMHS Case Manager	0113 825 1776
Worcestershire Health and Care Trust: CAMHS	Children's Clinical Services Manager Locality Managers, CAMHS	01905 768300 (CAMHS SPA)

Any queries or concerns with contact details please email chsjcu@worcestershire.gov.uk

Appendix 2: CYP under 18s Urgent Mental Health Care Pathway - OUT OF HOURS



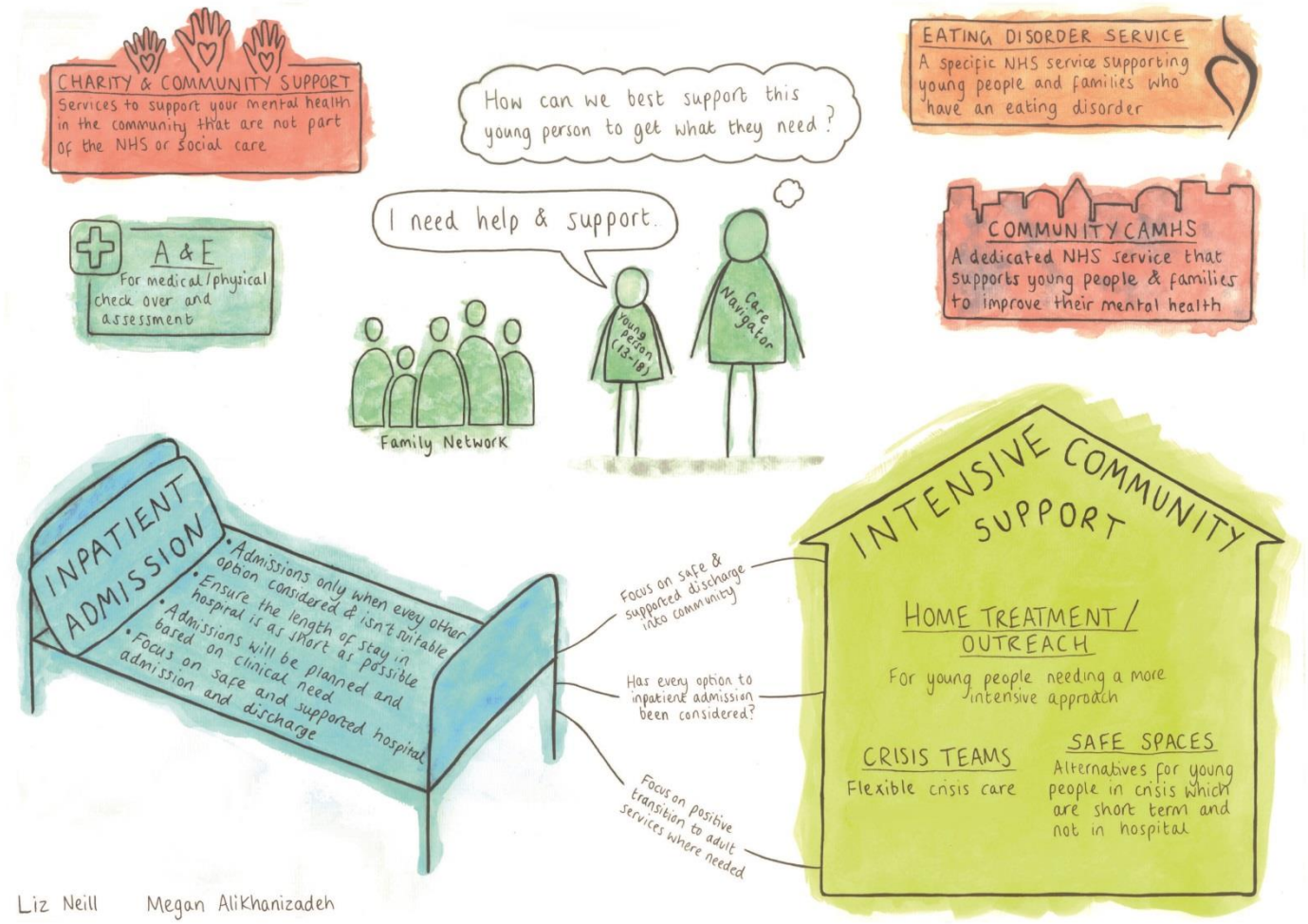
Appendix 3: CYP Under 18s Urgent Mental Health Care Pathway – IN HOURS (0900 – 1700 M-F)



Appendix 4

Specialised Mental Health Services
CAMHS Operating Handbook Protocol

Referral and Access Assessment Process
For Children & Young People into Tier 4 (Including Inpatient Services)



COMMON ROOM
Developed by Common Room for
West Yorkshire CAMHS New Care Model

Date of issue: October 2018
Date of review: August 2019

Contents

1. Introduction

This operating handbook describes the arrangements for referral, assessment and admission into Tier 4 CAMH services, including in-patient services. The service specifications developed by the Clinical Reference Group (CRG) for CAMHS describe in detail additional requirements / referral response times for each specialised service.

This guidance is for referrers to Tier 4 CAMHS, Tier 4 CAMHS clinicians, NHS England Case Managers and New Care Model managers. It may be subject to some local variation as commissioning arrangements for Tier 4 pathways change.

2. Specialised Area

The service specifications developed by the Clinical Reference Group (CRG) for Tier 4 CAMH Services for children & young people (CYP) describe in detail the specialist area.

Tier 4 Child and Adolescent Mental Health Services (Tier 4 CAMHS) are specialised services with a primary purpose of the assessment and treatment of severe and complex mental health disorders in children and young people. These services are part of a specialist pathway and provide for a level of complexity that cannot be provided for by comprehensive Tier 3 CAMHS. It is generally the complexity and severity rather than the nature of the disorder that determines the need for specialist care. These services include inpatient units, learning disability units, secure and forensic adolescent units, eating disorder units and specialist Tier 4 / out of hospital services such as crisis intervention and intensive home treatment services. The purpose of treatment in these specialist services is to reduce impairment and risk using a variety of evidence-based therapies, whilst increasing the young person's psychological wellbeing to enable discharge from Tier 4 CAMHS, including discharge from inpatient units, at the earliest possible opportunity with the support of community services. Where possible all children and young people should get the right care in the right service that meets their needs in the least restrictive environment, including being as close as possible to their home area.

Mental Capacity and Consent

The young person's capacity to consent to treatment must be assessed. For the young person (parent / carer) to make an informed decision; expectations of the Tier 4 Service re engagement, observation practices, treatment programme including potential restrictions etc, should be explained.

Considerations to also take into account:

1. A competent child or young person can consent to treatment, including admission

2. A parent can consent on behalf of a child who is not competent and falls within the zone of parental control.

3. Over 16 year olds who lack capacity and where treatment does not involve deprivation of liberty can be managed under the provisions of the Mental Capacity Act

4. If a competent child/young person refuses treatment or there are reasons not to rely on consent or if parental consent is not applicable or reasons not to rely on parental consent, and admission is necessary, then this can be considered under the Mental Health Act 1983 (NB: only young people detained under the Mental Health Act may be considered for Psychiatric Intensive Care Units (PICU) and secure hospitals.

3. Access Assessment

Admission to an inpatient unit must only be considered as an option in the context of a pathway of care, including other intensive alternatives to admission and involving the local community teams. It is essential to avoid protracted lengths of stay and the development of dependency on inpatient treatment, or loss of contact by the young person with their family and community. It is the role of Community services and the Access Assessment to explore alternatives to admission and assess the suitability of an individual for inpatient treatment. The young person's strengths and protective factors within the family environment must be considered. It is important to balance the need for admission against the disruption to school attendance and the young person's social and local environment.

The assessment and decision to admit a young person is a 2 stage process.

i) The referring team should gather as much detailed information as possible about the young person, their background, family and reasons for considering a tier 4 intervention. This should be recorded on the Referral Form for Access to Tier 4 CAMHS. The clinician carrying out the assessment will be a senior member of the referring team. The quality of the referral information is crucial to ensure that young people and their families receive a timely and appropriate response from Tier 4 CAMH services.

ii) The referral information in the Referral Form for Access to Tier 4 CAMHS is then reviewed by the Tier 4 assessment team. Ideally this should also include direct contact between the referring and reviewing services on the phone or face to face. Other agencies involved should also be contacted at this point, if time allows. If, after discussion, it is agreed that a tier 4 intervention is appropriate, the tier 4 service will carry out it's own assessment to determine the most appropriate tier 4 intervention (eg, home treatment or inpatient admission). At this assessment goals for treatment will be reviewed and agreed and plans for discharge discussed which may or may not also include timescales. The assessing tier 4 clinician should be empowered to make a decision regarding need for admission to CAMHS Inpatient Services. In conjunction assessing clinicians may find the use of structured assessment tools useful in completing the assessment. Whatever assessment framework is used it should be structured and systematic and services should be able to describe how they are able to achieve threshold consistency, reliability and validity in the assessments they undertake.

In exceptional circumstances, where there is overwhelming evidence, within the referral and associated documents, that the young person requires admission and a face to face assessment is not practical then the reviewing tier 4 team may complete their assessment as a "table top" exercise using the available clinical information. This may happen in urgent or emergency situations. However, this should be a last resort as it reduces the possibility of clarifying the objectives of admission and avoiding an unnecessary admission. So a face to face assessment should be carried out if at all possible.

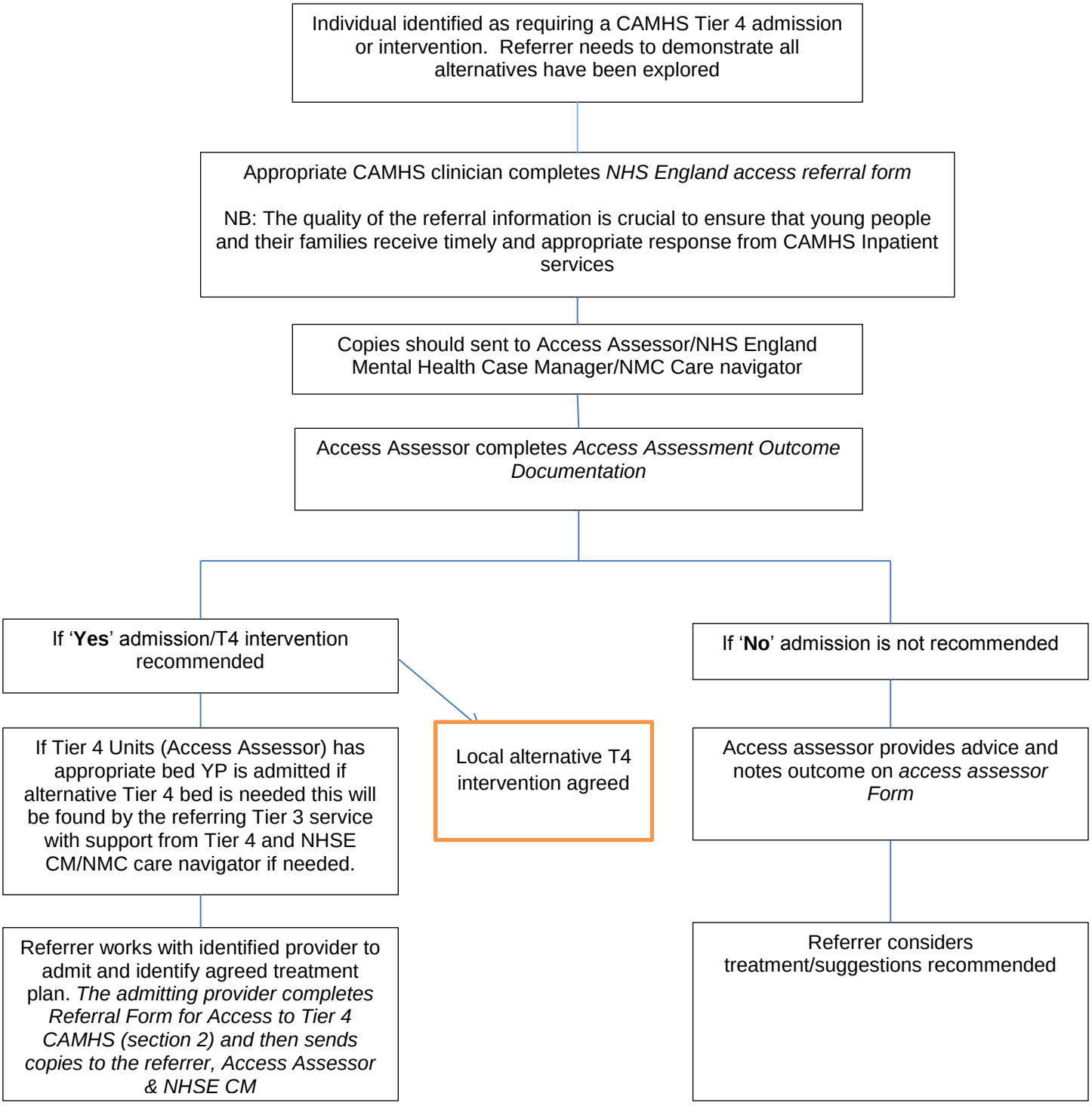
After a decision has been made about the most appropriate tier 4 intervention the decision, including the rationale behind it and any relevant recommendations should be communicated to the referrer and other key professionals immediately on the phone or electronically, and subsequently in writing (if not done immediately) within 7 days.

Care, Education and Treatment Reviews

Where the young person has a learning disability or autism every effort must be made to hold a Care, Education and Treatment Review (CETR) before admission. In exceptional circumstances, if a CETR was not carried out prior to admission, one must be held within 2 weeks of admission. CETRs must be repeated every 3 months during an admission in line with the latest national guidance and policy (March 2017).

Guidance can be found using the following link www.england.nhs.uk/wp-content/uploads/2017/03/ctr-policy-v2.pdf

Referral / Access Assessment Flow Diagram



The following descriptions are taken from the service specifications and describe the expected timeframe for each specialist area to respond to a referral. It is essential that Community CAMHs fully complete the Referral Form for Access to Tier 4 CAMHS and provide all relevant information to enable the access assessor to respond within timescales outlined below.

i. Tier 4 CAMH General Adolescent Services

Referral routes - referral to a Tier 4 CAMHS General Adolescent Service will be from Community CAMH Service and endorsed by a consultant psychiatrist - CAMHS or Adult Consultant (if out of hours).

- Unplanned referrals will be reviewed and responded to by a senior clinician within 4 hours; emergency assessment will be offered within 12 hours.
- Urgent transfer referrals (inpatients requiring transfer from one service to another) will be reviewed and responded to within 48 hours.
- Routine/planned referrals will be reviewed and responded to within 1 week.

ii. Tier 4 Children's Units

Referral routes - referrals will be accepted from or supported by Community CAMHS and endorsed by a consultant psychiatrist - CAMHS or Adult Consultant (if out of hours).

- Unplanned referrals will be reviewed and responded to by a senior clinician within 4 hours; emergency assessment will be offered within 12 hours.
- Urgent transfer referrals (inpatients requiring transfer from one service to another) will be reviewed and responded to within 48 hours.
- Routine referrals will be reviewed and responded to within 1 week.

iii. CAMH In Patient Learning Disability / ASC Services

Referral Routes - referrals should be from Community CAMHS/Community Learning Disability Services or other CAMHS Inpatient Services. Referrals from CAMHs Inpatient Services should ensure the Referral Form for Access to Tier 4 CAMHS is updated with any amendments and appropriate clinical information is provided. Response times are as detailed above.

- Emergency admissions are not usually possible due to the need to assess the young person before admission and the requirement for a pre-admission CETR. Advice can be given to referrers on management pending assessment.

iv. CAMH Specialist Eating Disorder Service

Referral routes - Referrals will be accepted from Community CAMHS, Tier 4 General Adolescent Units and Children's Units. Referrals from CAMHs Inpatient Services should ensure the Referral Form for Access to Tier 4 CAMHS is updated with any amendments and appropriate clinical information is provided.

- Response to urgent and emergency referrals must be within 4 hours.
- Admission for urgent and emergency referrals

- For high physical risk requiring medical stabilisation (and access to psychological interventions and support), or

- High psychiatric risk requiring inpatient admission must be within 24 hours

- Response to non-urgent referrals must be within 5 working days, with admission within 2 weeks in instances where there is insufficient progress towards treatment goals on an outpatient basis, or the Community Eating Disorder service believes the child or young person cannot be managed effectively in the community.

v. Psychiatric Intensive Care Units (PICU)

Referral process - referrals will be accepted from Tier 4 Adolescent Services or occasionally directly from Community CAMHS where it is evident that the young person's needs could not be met within the Tier 4 General CAMH service. Referrals from CAMHs Inpatient Services should ensure the Referral Form for Access to Tier 4 CAMHS is updated with any amendments and appropriate clinical information is provided.

The service will provide safe and effective interventions with the aim of returning the young person back to Tier 4 CAMHS General Adolescent Service as soon as is safely possible. The NHS E Case Manager will work with the Access Assessor and the referring community team to agree the young person's step-down service at the point of referral/admission to the PICU.

- Response to referrals will be within 2 hours

vi. Referral for Access Assessment into Secure CAMHS Services

Guidance regarding additional considerations and process when referring a patient for admission into a low or medium secure CAMHS inpatient hospital or for referral to Community Forensic CAMHS can be found in Appendix 1.

4. Process For Referrals

4.1 Routine

It is important to note that each referral is unique and the receiving clinician/clinical team will determine the urgency of the referral on receipt. In some cases discussions between referrer, access assessor and the NHSE CM will be required to enable consideration of clinical, geographical and appropriate use of available capacity.

1. Referral for access assessment (Referral Form for Access to Tier 4 CAMHS) to be completed and sent to the appropriate access assessor and copy to NHSE CM. Where a community CETR has taken place copies of recommendations will be sent with the Referral Form for Access to Tier 4 CAMHS. This will identify the significant mental health needs.

2. The access assessment will explicitly address the following issues;

- Whether Tier 4 CAMHS will address the mental health needs of the young person.
- The best environment/level of Tier 4 CAMHS service in which the care should be provided including the level of security required

- Identify risks
- Comments on the ability of the holding/referring organisation to safely care for the young person until transfer can be arranged
- The wishes and feelings of the child and parents/ carers should always be sought as part of the assessment.
- CETR recommendations where appropriate

3. Where after the access assessment it is agreed the child does not require a CAMHS inpatient service, an access assessment (Referral Form for Access to Tier 4 CAMHS) should be provided which includes advice to the referrer/Tier 3 team on the young person's management.

4. If it is agreed the child requires Tier 4 CAMHS in an appropriate setting as identified by the access assessor, the access assessor will complete Referral Form for Access to Tier 4 CAMHS and advise both the Tier 3 service and the NHSE CM.

5. Where admission is indicated and until such time as the child is admitted, local services remain responsible for the child, which may include health, local authority and education.

6. If the Tier 4 access assessor has an appropriate bed within the unit then section 2 of Referral Form for Access to Tier 4 CAMHS needs completing.

7. Where a bed is not available locally, discussions need to take place between the referrer and the NHSE CM/NCM, The most appropriate CAMHS inpatient service as close to home as possible will be identified by the referring Tier 3 service with support from the NHSE CM/NCM

8. Where a bed is required but the local CAMHS Inpatient service feels unable to meet the needs of the child or young person, then the reasons for this must be communicated clearly to the referrer, and discussion with the NHSE CM / NCM is required to determine the most appropriate service.

The access assessor and the CAMHS inpatient service must maintain communication with the referrer throughout the process. The young person should remain on the waiting list of the local CAMHs Inpatient Service to ensure that, if clinically appropriate, that they are repatriated to their local service as soon as practicable.

Where an initial access assessment determines the child requires care from a more specialist CAMHS inpatient service, the access assessor will provide advice on the type of unit required and discussions will take place with the NHSE CM and the referrer.

4.2 Process For Emergency/Urgent Referrals (including out of hours):

i. Initial referral to be made to the access assessor as identified (see local access arrangements and list of services below)
ii. Referral discussed with Tier 4 CAMHS service immediately
iii. Agreement reached between referrer and access assessor re degree of urgency
iv. The outcome of the access assessment to be communicated to referrer as soon as possible

v. Where admission is indicated, a bed should be offered as soon as clinically appropriate and until that point, local services remain responsible for the child

vi. Access Assessment Referral Form for Access to Tier 4 CAMHS (out of hours section) completed

vii. Where there has been an emergency admission a multi-agency review should be held within 5 working days.

Note: where referral / admission takes place out of hours, at the weekend or on a bank holiday the NHSE CM will need to be made aware on the first working day after the urgent admission of a child or young person to a CAMHS Inpatient Service

5. Transition and Step Down

There are a number of potential transitions that a young person may experience when leaving a tier 4 CAMHS inpatient setting eg transition (or step down) to a community based CAMH service, transition to adult mental health services or transition to services provide by another agency such as Local Authority residential care.

Transition is a process undertaken over time. Young people may be subject to serial and sequential transfers within and across different health care organisations / specialist teams over time. In order to enable young people (and their parents / carers) to become and remain active partners in their care, prepare for transfer(s) and engage with adult mental health or other services; the transition process between services needs to be underpinned by age sensitive and developmentally appropriate care planning.

Discharge or transition (step down) to a community service

- Some young people will be discharged back to community services without the need for additional support, whilst for others a supported discharge (step down) package of care may be needed to facilitate a more rapid and effective return to the community. In all cases planning for discharge should take place as soon as possible and preferably before admission.

Transition to Adult MH Service

- Where a young person is approaching their eighteenth birthday at the point of referral, for the Access Assessment, the assessor will consider issues of transition and involve NHS E CM to ensure that local services are actively working with adult services to enable smooth transition.

- Where a young person is an inpatient, good practice would indicate that planning for transition should commence 6-8 months prior to the eighteenth birthday. NHSE CM will work with local clinicians and the CAMHs Inpatient Service to ensure the most appropriate pathway is identified. The Care Programme Approach (CPA) should be followed and a referral made 6 months before the transition time, where possible, so that the young person and their family and both CAMHS and the receiving service(s) have good time to communicate the needs and provide continuity of care. Local protocols should be agreed between CAMHS and AMHS to facilitate this.

- Any planning for children and young people with severe educational needs should take account of and be part of the child or young person's statement or Education Health Care Plan.

Transition to a services provided by another agency

- Careful planning should always take place in advance of any transition. Clear communication is needed between agencies and between services and the young person and their family/carers.

6. Escalation

Refer to NHS England Case Management SOP which describes the national escalation and communication process for complex specialised cases.

Defining Complex and Escalation Thresholds

- Complexity of presentation, co morbidity would be an example of this, e.g. eating disorder and conduct disorder. Lack of clarity / clinical disagreement around diagnosis.
- Needing a specialised service not available, i.e. ASD or other challenges such as need for naso gastric feeding
- Patients assessed by multiple providers who are describing them as 'too challenging' for their service, no other provider accepting.
- Looked After Children who have no community provision / placement breakdown.
- Children and Young People placed in A and E or police custody/ 136 suites requiring urgent response.
- Children and Young People subject to court processes
- Complex presentations in secure children's homes/ LAC placements / out of area placements requiring assessment.
- Patients blocking beds and lack of action/ support from CCG/LA to discharge.

Thresholds to trigger escalation

- Urgent request for assessment not responded to.
- CYP in A and E and experiencing a delay in accessing services and risking breach. CYP admitted to an adult ward.
- Imminent (within six weeks) timescale for expiry of orders such as inherent jurisdiction, prison sentences or detention and treatment orders.
- People appearing in court whether planned or unplanned.
- Inability to secure a bed and no identified timescale for admission within a period considered reasonable safe by the assessors.
- Significant safeguarding concerns including delays to admissions.

Escalation flow is as follows:

Hub Case manager to
MH lead / senior case manager to
Regional Leadership Group / comms to
National team and national comms.

7. Case Management Arrangements

NHSE Case Managers will work collaboratively with local services, access assessors and CAMHS inpatient services taking into consideration local issues and geographical differences. The West Midlands team provide a referrals service during office hours –out of office hours any actions need to be taken by referrer once gatekeeping has been completed. During office hours the team have a duty case manager who is accessible through the main office number or the referrals coordinator in the first instance

Contact Details – Local MH Hub Team

Name:	**Contact Details:**
Sahri Kelly (referrals coordinator)	0113 825 5233
Office number	0113 825 1776
Camhs inbox	camhs.wmsc@nhs.net
The West Midlands team operate an office cover system on a rota. This includes the following Case Managers.	
Sophie Carter (CAMHS Case Manager)	0113 825 2717
Elaine Aston (TC CAMHS Case Manager)	0113 824 9680
John McCarron (CAMHS Case Manager)	0113 824 8143
Tina Ward (CAMHS Case Manager)	013382 55521
Phil Walsh (Senior Case Manager)	0113 825 1726

8. Arrangements for Access Assessments

CCG Area covering:	**Mon – Friday 9am – 5pm assessment by:**	**Out of Hour's and weekend assessment by:**
Birmingham & Solihull, Coventry & Rugby, South Warwickshire, Warwickshire North, Herefordshire, South Worcestershire, Redditch & Bromsgrove, Wyre Forest, Dudley, Walsall, Wolverhampton	**Park View** 0121 333 9955 – voice activated system - Bernie Ferrarin	**The Huntercombe Group**
Stoke-on-Trent, Shropshire, Stafford & Surrounds, SE Staffordshire and Seisdon Peninsular, Cannock Chase, East Staffordshire, North Staffordshire,	**Darwin Centre** 0300 7900 234	

9. For Information: Local CAMH Inpatient Services

Service Provider	**Geographical area that uses this service as first option.**	**Service Description**	**Case Management**	**Supplier Manager**
Park View Clinic	South part of West Mids	GAU and ED	Tina and Elaine	Nikki Cox
Huntercombe Stafford	Middle of West Mids region	GAU, PICU and ED	John McCarron	Nikki Cox
Huntercombe Cotswold Spa	n/a	ED	Tina Ward	Nikki Cox
Darwin Centre	North part of West Mids region e.g. north Staffordshire, Stoke	GAU (including ED)	John McCarron	Nikki Cox
Woodbourne Priory	South part of West Mids	GAU, HD and ED	Sophie	Nikki Cox

Appendix 1

ADDITIONAL GUIDANCE FOR A REFERRAL FOR ASSESSMENT INTO SECURE CAMHS (COMMUNITY FORENSIC CAMHS, LOW SECURE, MEDIUM SECURE) FOR CHILDREN & YOUNG PEOPLE

The additional guidance and process only applies if a young person requires consideration for a low or medium secure in-patient placement or Community Forensic CAMHS, please follow the steps below:

- The NHS England Referral Form should be sent to the relevant Access Assessor and NHS England CAMHS Case Manager for a local access assessment.

Hub / Region	Name	Email
East of England, Mids&East	David Wright	Dwright7@nhs.net
East Midlands, Mids&East	Katy Warren	Katywarren@nhs.net
London	Rebecca Kealey	rebeccakealey@nhs.net
London	Sally House	Sally.house3@nhs.net
North East, North	Shaun Branegan	Shaun.branegan@nhs.net
North West, North	Tahmaiza Yaqub	Tahmaiza.yaqub@nhs.net
South East, South	Gill Cain	gillcain@nhs.net
South East, South	Paul Savage	Paul.savage@nhs.net
South West, South	Fiona Corless	fcorless@nhs.net
West Midlands, Mids&East	John McCarron	j.mccarron@nhs.net
West Midlands, Mids&East	Sophie Carter	Sophie.carter3@nhs.net
West Midlands, Mids&East	Steve Heath	Steve.heath@nhs.net

- Decide which type of secure setting is required using the guidance on the following page; ensure that it is not a short-term PICU as opposed to a longer-term low or medium secure unit (LSU or MSU) that is required

- if there is uncertainty about whether a low or medium secure placement is needed, contact a senior clinician (preferably at the nearest medium or low secure unit) in the national Medium or Low Secure network to help clarify this (contact details on p 3 of this appendix)

- once the level of security has been identified:

    - ensure, in the case of a medium secure referral, that the patient's CCG is aware that a referral is being made, and that they will fund the initial assessment; referrals to low secure care do not incur an assessment fee

- In the case of a need for low security, refer to the local NHS England CAMHS Case Manager.

- In the case of a need for medium security, refer to the nearest unit within the network (as outlined on page 3 of this appendix); the medium secure units function as a network and all referrals will be considered by all the units within the network once a week or as detailed within the service specification.

Guidance re decision-making when making a secure adolescent inpatient referral

Medium Secure Provision	Low Secure Provision
Referral Criteria The young person is under 18 years of age at the time of referral and within a foreseeable time of admission AND: The young person is liable to be detained under either Part II or Part III of The Mental Health Act 1983 AND: The young person presents a significant risk* to others *of one or more* of the following: • Direct serious violence liable to result in injury to people,	**Referral Criteria** The young person is under 18 years of age at the time of referral AND: The young person is liable to be detained under either Part II or Part III of The Mental Health Act 1983 AND: The young person is not safely managed in an open environment and is assessed as having needs than cannot be managed by shorter term admission to a psychiatric intensive care unit (PICU) AND:

Important Considerations

Young people with mental disorder who present a grave danger to the general public (which may include some high risk young people who may have no offending history, as well as those who have been charged with or convicted of specified violent or sexual offences under Schedule 15 of the Criminal Justice Act 2003) should be referred to the medium secure network.

Young people who are directed to conditions of security under a Restriction Order by the Ministry of Justice (s.49 MHA); to include a young person in custody (remand or sentenced) OR have has been sentenced by a Crown Court to a Restriction Order (s.41 MHA) should be referred to the Medium Secure Network.

Young people with brief episodes of disturbed or challenging behavior as a consequence of mental disorder (including neurodevelopmental disorders) are usually most appropriately cared for in PICU.

Once a Referral Form has been completed by the local Access Assessor and discussed with the NHS England CAMHS Case Manager, referrals can be made to the closest unit to the patient's home even if it will not be the admitting unit. All referrals are discussed at a weekly National Referrals Meeting with input from all units (held via teleconference) and a NHS England CAMHS Case Manager when, if appropriate, the referral will be allocated to a specific unit for assessment. This allocation will be made based on available treatment, geography and current capacity to admit.

The Medium and Low secure services are provided through a clinically managed network consisting of the units below:-

1. **MEDIUM SECURE**

Unit	Provider and contact details	Number of beds	Gender
Alnwood, Newcastle	Northumberland, Tyne and Wear NHS Foundation Trust Tel: 0191 223 2555 Fax: 0191 223 2235	7 mental health	Mixed
Lennox, Newcastle	Northumberland, Tyne and Wear NHS Foundation Trust Tel: 0191 223 2555 Fax: 0191 223 2235	7 learning disability	Mixed
Ardenleigh, Birmingham	Birmingham and Solihull Mental Health NHS Foundation Trust Tel: 0121 678 4602 Fax: 0121 678 4609	12 mental health	Mixed
Bluebird House, Southampton	Southern Health NHS Foundation Trust Tel: 02380 874575 Fax: 02380 874580	13 mental health	Mixed
Fitzroy House, Northampton	St Andrew's Healthcare Tel: 01604 614242 Fax: 01604 614508	14 learning disability	Male only
Gardener Unit, Manchester	Greater Manchester West Mental Health NHS Foundation Trust Tel: 0161 772 3668 Fax: 0161 772 3443	10 mental health	Male only
Wells Unit, West London	West London Mental Health NHS Trust Tel: 020 8483 2244 Fax: 020 8483 2246 wlm-tr.WLFSreferrals@nhs.net	7 mental health	Male only

There is currently a one-off fee for assessment of £1,000 to be paid by the patient's CCG. All other health costs associated following admission will be met by National NHS England commissioning arrangements. The medium secure service undertaking the assessment will need to seek funding approval from the relevant CCG, but no funding decision should affect the assessment being undertaken.

2. LOW SECURE

The units welcome early discussion of potential referrals, and encourage clinicians to make contact prior to referral.

Unit	Provider and contact details	Number of beds	Gender
Adriatic Ward, Birmingham	Birmingham and Solihull Mental Health Foundation NHS Trust Tel: 0121 678 4602	5	Mixed
Bluebird House, Southampton	Southern Health Foundation NHS Trust Tel: 02380 874575	6	Mixed
Cygnet Bury, Bury	Cygnet Health Care Tel: 0161 762 7200	8	Female
Ellingham, Attleborough Norfolk	Priory Group Tel: 01953 459 000	8	Mixed
Potters Bar Clinic, Potters Bar	Elysium Healthcare Tel: 01707 858 585	19	Mixed
Ferndene, Newcastle	Northumberland, Tyne and Wear NHS Foundation Trust Tel: 0191 223 2555	8	Mixed
Kenthouse, South London	Priory Group Tel: 01689 883 180	17	Mixed
Priory High Wycombe, High Wycombe	Priory Group Tel: 01494 476 500	12	Mixed
Regis Healthcare, Ebbw Vale, Wales	Regis Healthcare Tel: 01495 350 349	13	Mixed
St Andrews, Northampton	St Andrews Healthcare Tel: 01604 614242	54	Mixed
Westwood Centre, Middlesbrough	Tees, Esk & Wear Valleys Tel: 01642 529 600	10	Mixed
Woodlands, Cheadle, Cheshire	Priory Group Tel: 0161 428 9511	10	Female

3. COMMUNITY FORENSIC CAMHS

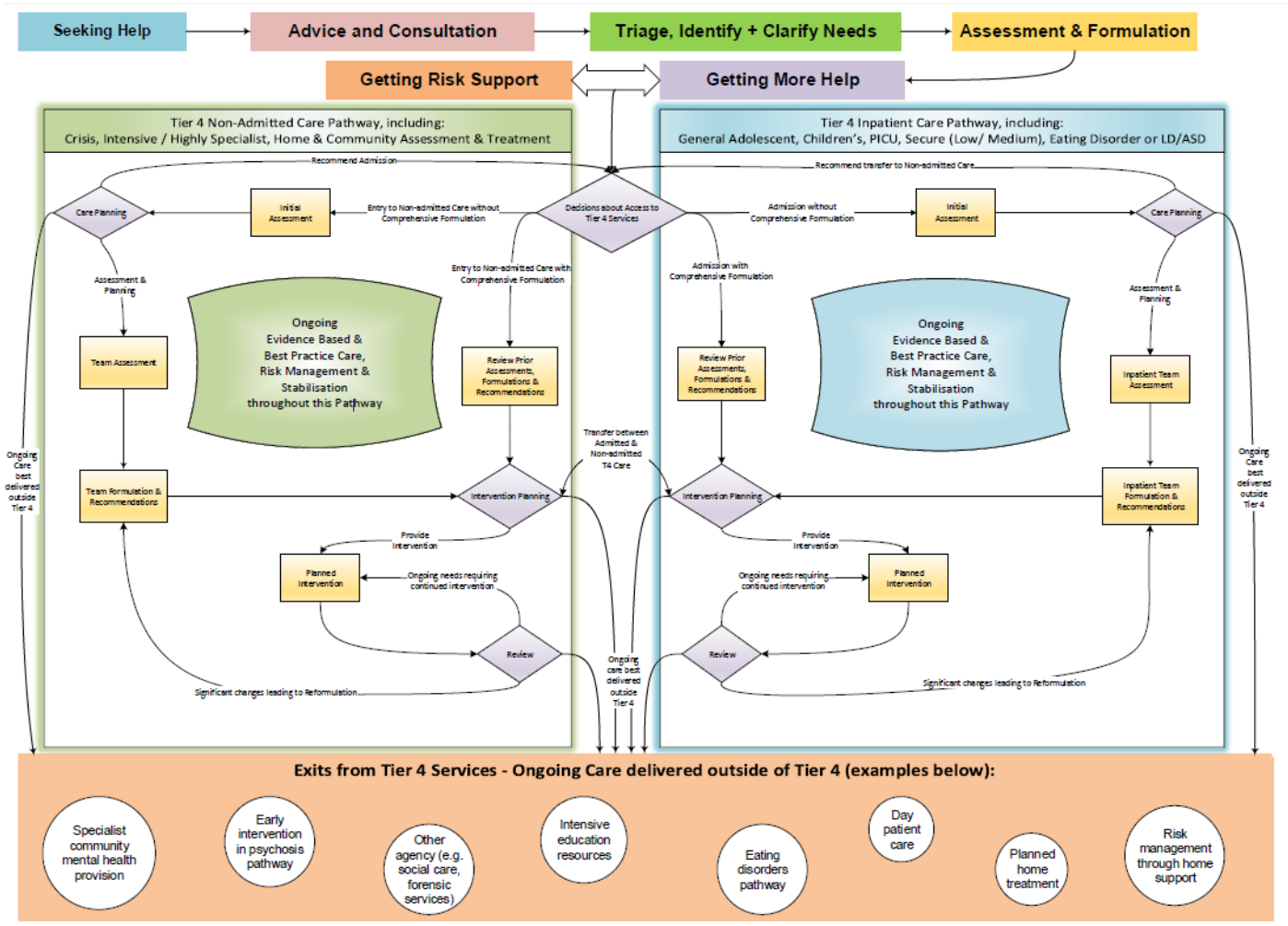
If there is concern around a young person, contact the local Community FCAMHS team initially to discuss the case. If there is agreement that the young person requires input from Community FCAMHS, the team will support with the FCAMHS referral form completion.

Region	Service	Lead Provider	Referral Email	Referral Phone No.	Mobilisation Schedule
North	**FCAMHS-North East and North Cumbria**	**Northumberland, Tyne and Wear NHS Foundation Trust (NTWFT)**	**NTAWNT.FCAMHS@NHS.NET**	**01912456629**	**Full Clinical Service Delivery 01.04.2018**

	FCAMHS North West	Greater Manchester Mental Health NHS Foundation Trust	gmmh-ft.fcamhsnw@nhs.net	0161 358 0586	Full Clinical Service: October 2017
	Yorkshire and Humber FCAMHS	South West Yorkshire Partnership Trust (SWYPFT)	www.yorkshireandhumberfcamhs.co.uk	01924 316071	Limited Clinical Service: 26.02.18 Full Clinical Service: 24.09.18
Midlands & East	East Midlands Community FCAMHS	Nottinghamshire Healthcare NHS Foundation Trust	not-tr.eastmidlandsfcamhs@nhs.net	0115 9529487	Limited Clinical Service: 13.12.17 Full Clinical Service: 01.04.18
	East of England FCAMHS	Cambridgeshire & Peterborough NHS Foundation Trust	Cpm-tr.FCAMHS@nhs.net	01733777908	Limited Clinical Service: January 2019 Full Clinical Service: April 2019
	Youth First (West Midlands)	Birmingham & Solihull Mental Health NHS Foundation Trust	bsm-tr.youthfirst@nhs.net	01213014622	Full Clinical Service: April 2018
South	South West (North) Community Forensic CAMHS team	Oxford Health NHS Foundation Trust	TBC	01865 903038	Limited Clinical Service: 13.08.18 Full Clinical Service: 01.10.18
	South west South FCAMHS	Somerset Partnership NHS Foundation Trust	TBC	0300 124 5012	Limited Clinical Service: 01.09.2018 Full Clinical Service: 01.10.18
	South Central FCAMHS	Oxford Health NHS Foundation Trust	forensic.camhs@oxfordhealth.nhs.uk	01865 902613	Limited Clinical Service: 01.04.18 Full Clinical Service: 01.10.18
	South East FCAMHS	Sussex Partnership NHS Foundation Trust	TBC	TBC	Limited Clinical Service: 22.10.18 Full Clinical Service: TBC
London	North East and North Central London	Tavistock & Portman NHS Foundation Trust	Portman.FCAMHS@nhs.net	020 8938 2089	Limited Clinical Service: 02.07.18 Full Clinical Service: 03.09.18
	NWL FCAMHs	West London Mental Health Trust	wlm-tr.nwlfcamhs@nhs.net	TBC	Limited Clinical Service: 15th August 2018 Full Clinical Service: 17th September 2018
	South London FCAMHS	South London and Maudsley NHS Foundation Trust	TBC	TBC	Limited Clinical Service: 29.08.2018 Full Clinical Service: 01/10/2018

Appendix 2

PATHWAYS DIAGRAM



Appendix 3

GENERAL DATA PROTECTION REGULATION (GDPR) AND DATA PROTECTION ACT

Privacy Notice – Information For Patients

As a result of the introduction of General Data Protection Regulation (GDPR) and Data Protection Act 2018 on the 25th May 2018, it is important that CAMHS case managers and colleagues involved in direct patient care are aware of GDPR and are able to provide information to patients about how NHS England processes their personal data. It is important that the provision of this information does not interfere with care, so case managers should provide key information on introduction to a patient and be able to respond to any queries about data privacy and access rights.

Introductory Statement

When case managers introduce themselves for the first time they should explain their role, that they work for NHS England, and what they will be doing for the patient. If appropriate to do so in the circumstances, they should also ask the patient if they would like more information about how we use their information, and refer them to the NHS England Privacy Notice. NHS England's Privacy Notice describes how we use personal data and explains how to contact us and request rights as a data subject.

Categories of Personal Data and Recipients

NHS England's case managers may use any relevant information that is necessary to complete the case management and direct patient care functions. The information collected is not limited to NHS number, forename, surname, date of birth and mental health clinical information (unit name, section code etc…). Case managers and health professionals in the Trust may also share relevant information about criminal convictions or offences where this is necessary for the care of the patient.

NHS England uses data that has been anonymised in accordance with the Information Commissioner's Anonymisation code of practice, and summary data (numbers) for monitoring and payment for specialised services. This data is provided to us by NHS Digital who collects and analyses personal data submitted by providers on our behalf – see Data services for commissioners. The data processed by NHS Digital includes personal details such as NHS number, date of birth, postcode, and details of the diagnosis and treatment received.

The link to the privacy notice is:

https://www.england.nhs.uk/contact-us/privacy-notice/

For rights requests:

https://www.england.nhs.uk/contact-us/privacy-notice/how-to-access-your-personal-information-or-make-a-request-in-relation-to-other-rights/