

**TO: HEALTH AND WELLBEING BOARD
4 JUNE 2015**

**UPDATE ON CHILD AND ADOLESCENT MENTAL HEALTH (CAMHS) SERVICES
TIERS 1-4**

**Joint report of the
Director of Children, Young People & Learning, Bracknell Forest Council
Director of Adult Social Care Health & Housing, Bracknell Forest Council
Bracknell & Ascot Clinical Commissioning Group
Berkshire Healthcare Foundation Trust and
NHS England**

1 PURPOSE OF REPORT

- 1.1 At the last HWBB meeting a full update report was presented on progress with each tier of CAMHS with the intention to finalise a joint action plan in the summer across all tiers of support. This report provides an update on national developments which are quite fast moving and details the draft action plan.

2 RECOMMENDATIONS

That the Health and Wellbeing Board (HWBB):

- 2.1 **Notes the latest new national guidance on CAMHS.**
2.2 **Endorses the joint (draft) action plan which is contained in Appendix 1.**
2.3 **Receives an annual update on progress against the joint action plan.**

3 REASONS FOR RECOMMENDATIONS

- 3.1 The HWBB is concerned that children and young people are able to access the emotional and mental health services that they require in a timely manner, and where possible at the lowest level possible to prevent escalation to higher tiers of support.

4 ALTERNATIVE OPTIONS CONSIDERED

- 4.1 None.

5 SUPPORTING INFORMATION

National perspective

- 5.1 The last meeting of the HWBB was in March 2015. In the intervening period of approximately three months there have been numerous relevant national announcements and a wealth of new national guidance and advice. This illustrates well the challenge for us all of making sure our actions keep abreast of the latest recommendations. It therefore means that the joint action plan should be a dynamic document which will continue to evolve and develop as we progress through the year.
- 5.2 NHS England published 'Future in Mind – promoting, protecting and improving our children and young people's mental health and well-being' which is a very helpful document which promotes five themes. We have used these themes to shape our

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Action Plan and focus attention on the joint nature of our endeavours across the tiers of support.

- 5.3 NHS England also published two important background papers from the Children and Young People's Mental Health and Wellbeing Taskforce which both informed the 'Future in Mind' report. They are the Coordinated System: Task and Finish Group Report and Data and Standards Task and Finish Group Report. All the national reports mentioned are available on line.
- 5.4 The Department for Education are also active in publishing new guidance and information. The DfE is leading work to improve the quality of teaching about mental health within Personal, Social and Health and Economics (PSHE) lessons in schools. This covers guidance for pupils aged 5-16 years old and for older pupils addresses issues directly concerned with school life, like managing anxiety and stress around exams. The new Ofsted inspection framework 'Better Inspection for All' also includes a new judgement on personal development, behaviour and welfare of children and learners. Further DfE guidance on using counsellors in schools is also planned as part of a school's counselling strategy.
- 5.5 Public Health England has also produced 'Improving young people's health and wellbeing - a framework for public health'. This document also includes a list of questions with six questions for the Health and Wellbeing Board to consider. These are included as Appendix 2 for information. The Health and Wellbeing Board are proposing a summit on EHWP / CAMHS in the summer and these questions could provide a useful basis for future discussion.

Bracknell Forest update

- 5.6 There can be no doubt that emotional health and wellbeing and the mental health of young people is topical and there is no shortage of relevant advice, guidance and information. There is widespread recognition that there is a need to raise the profile of this work and also provide a spotlight and focus on improving current provision. This is exactly what we are doing in Bracknell Forest and in the Children and Young People's Plan 2014-17 one of our six priorities across the partnership is: Improve physical and emotional health and wellbeing from conception to birth and throughout life. In support of achieving that priority we have developed a joint action plan which describes the actions for all providers under key themes/headings.
- 5.7 The joint action plan focuses on:
 - Improving young people's emotional health and wellbeing in educational settings
 - Promoting resilience, prevention and early intervention so young people and their families know what they can do to help themselves and where to go for additional help
 - Improving access across all service providers to effective support at all levels of need
 - Care for the most vulnerable which is timely and where thresholds are understood
 - Special focus on addressing perinatal mental health for new mothers
 - Accountability and transparency through effective data and information collection and reporting of key measures
 - Developing the workforce so that they are better able to meet needs

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- 5.8 The Board will be aware that at the last meeting the finalisation of the Joint Action Plan by all parties for the HWBB deadlines for the June meeting was anticipated to be a challenge. The Action Plan at Appendix 1 is currently draft as the actions proposed by the CCG are subject to endorsement by the CCG Board and it is anticipated that there could be a refresh of some CCG outcomes. An updated copy will be circulated if this is the case.
- 5.9 NHS England has prepared new protocols contained in the Specialised Mental Health Services Operating Handbook (please see Appendix 3) setting out the referral and access assessment process for children and young people into inpatient services.
- 5.10 A joint sub group of the HWBB and the Children and Young People's Partnership has been established to oversee the delivery of the joint action plan.

6. Conclusion

- 6.1 The focus on children and young people's emotional health and wellbeing and recognising the important role that all partners play in delivering good outcomes for this group of more vulnerable young people. The strong link between physical and mental health is reinforced and there can be no doubt that the HWBB has created the space for greater discussion, awareness raising and joint actions on good mental health and getting people better informed about how to keep mentally and emotionally healthy. The conversation will continue as there is much to do.

7 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

Borough Treasurer

- 7.1 The financial impact of any re-commissioned services will need to be established and implications agreed with the responsible funding body prior to effecting any changes.

Contact for further information

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Appendix 1

**DRAFT Action Plan for 2015 – 16
Emotional Health and Wellbeing/CAMHS**

The Action Plan has not yet been approved by the CCG Board and therefore the CCG actions remain draft.

No.	Area of Need	Actions	Lead agency	When	Outcomes
	Improving young people's emotional health and wellbeing in educational settings				
1	Develop a consistent level of awareness of how to promote an emotionally healthy school	<p>Communications campaign with regular mailings to schools</p> <p>Half termly focus events promoted through PSHE network</p>	CYPL	September 2015 and ongoing	HTs and COGs can demonstrate an awareness of factors impacting on emotional health and well being. Focus events are promoted and used in schools
2	Improve support in schools for mental health issues like ADHD, self harm etc	Learn from a local pilot project on school based management of ADHD. Pilot started in January in a single school in the South of Reading.	BHFT and LA (children's services)	Dec 2015	Share good practice from the project and apply the learning as appropriate.
		<p>Provide regular training opportunities for school staff in the general field of mental health as well as specific topics such as self-harm or anxiety. For example:</p> <ul style="list-style-type: none"> Regional conference on self-harm took place on 27-2-15. PEPP Care training to be offered to GPs, schools and LA staff 	<p>LA (children's services)</p> <p>LA (Public Health)</p> <p>BHFT</p>	Ongoing	Training programme meets EHWP focus. Case study evidence 50% of schools have developed their practice in promoting resilience in children and young people to develop resilience.
3	Review of healthy schools programme to focus on promoting EHWP	Promote new healthy schools scheme to schools and support to implement and assess impact	CYPL and schools	April 2016	Evidence of new actions to promote emotional health and wellbeing in 30% of schools
	Promoting resilience, prevention and early intervention so young people and their families know what they can do to help themselves and where to go for additional help				
4	Work with young people,	Provide clear communications	Emotional	September	Wider understanding of the pathways

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No.	Area of Need	Actions	Lead agency	When	Outcomes
	parents and services to co-design and review the pathways work started by Slough PH	pathways and information so young people and parents experience a smooth journey through the appropriate care pathway	Health & Wellbeing Group/CYP/CSC	2015	and thresholds. Relevant leaflets and communications about the pathways.
5	Engagement with the youth council on EHWB	Engage with the youth council on EHWB <ul style="list-style-type: none"> • Young people to be trained as 'peer listeners' • Campaign to raise awareness of EHWB and mental health mirrors that in schools 	CYPL Youth Service	April 2015 and ongoing	Youth Council promote and have developed skills in building resilience. 10 young people trained 10 using skills to support peers Feedback of training that over 80% thought it useful
Improving access across all service providers to effective support at all levels of need					
6	Reduce waiting times for help and increase resources to meet the increased demand.	Berkshire East CCGs have secured additional winter resilience funding from NHS England for 2014/15 to provide enhanced CAMHs help that reduces the number of young people whose needs escalate to crisis point.	CCGs	Dec 2014	Some posts have been recruited to. BHFT working proactively to fill all vacancies. Service partially up and running since Dec 2014. Monthly update reports being provided.
		Redesign the CAMHs care pathway so that more help and advice is available at an earlier stage, meaning that fewer children and young people will need a service from specialist CAMHs.	Local Authority (children's services), LA (Public Health), CCGs, BHFT	Dec 2015	More self help available at earliest point Waiting list for CAMHS reduces so that less than 12 week wait is achieved by January 2016.
7		Consideration of business case to increase investment into Tier 3 CAMHs.	BHFT and CCGs	July 2015	Initial business case received by CCGs from BHFT- Feb 2015. Commissioners and provider will useful learning from additional winter resilience funded projects to shape investment.

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No.	Area of Need	Actions	Lead agency	When	Outcomes
		Work with schools, children's services voluntary sector and CAMHs to develop a more integrated approach to accessing help when ASD is suspected or diagnosed. Access to help should be based on the child's needs not just the presence/ absence of a diagnosis.	Local Authority (children's services), CCGs, BHFT, schools	March 2016	Discussed in principle by CCG and BHFT March 2015 Business case submitted to CCGs includes additional resources to support Tier 3 ASD diagnostic pathway.
8	Seek consent from parents and young people at an early stage to sharing information	All services to check that information consent is in place as a first stage.	All services lead LA CYPL	April 2016	No barriers to sharing information
9	Services to work together to ensure effective transition where necessary Tier 2 to 3 and Tier 3 to 2 services.	Establish greater clarity of thresholds across the system CAMHS Common Point of Entry to discuss thresholds Tier 2 CAF referrals and multi agency team to include reps from partner agencies regarding interdependence Regular case reviews and liaison Tier 2/3 and 3/2.	CYPL and CCG/CAMHS	June 2016	Clear understanding of thresholds by all partners. Good transition between tiers. Evidence of fewer inappropriate referrals to Tier 3 Increased demand on Tier 2 services
10	Ensure that young people are seen in a timely manner and non attendance is followed up, especially where children are dependent on an adult to access appointments	Risk assessment for any 'did not attend' cases and re-engagement arrangements for dependent children	All agencies	April 2016	Children receive help and keep at least 90% of appointments.
11	Increase Tier 2 provision, to ensure timely 'early intervention', reducing escalation of mental health problems and reducing the need for specialist Tier 3 and 4 services.	Discuss how existing and new resources and services at Tier 2 become a shared Early Help responsibility across the partnership.	Local Authority (children's services) with partners	July 2016	Good communications between partners. Reduced waiting lists for CAMHS. Timely access to services. Improved user satisfaction.
		Commission and publicise the new on-line systems of self help and	Public Health	March 2015	Young people get access to appropriate help at an early stage

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No.	Area of Need	Actions	Lead agency	When	Outcomes
		<p>support for emotional health and wellbeing.</p> <ul style="list-style-type: none"> • Develop a publicity campaign to advertise the on-line counselling service • Develop suitable metrics around referrals and take up • A CAMHs app to be finalised following engagement with service users. 		June 2016	<p>EHWB concerns are dealt with at an early point and the vast majority do not escalate to higher tiers</p> <p>Metrics being developed.</p> <p>CAMHs App being trialled in 3 Slough schools to then refined prior to national launch.</p>
		<p>Specialist Tier 2 targeted services for family issues, mild emotional and behavioural disorders, child behaviour problems, conduct disorder, bereavement, bullying, anger management etc</p> <ul style="list-style-type: none"> • Clear understanding of the pathways and access routes and escalation processes • Care plan in place 	CYPL Targeted Services	September 2015	<p>Relaunch of Tier 2 provision to schools and pathway maps. New SLA from April 2016. At least 90% buy back.</p>
		<p>Enhance existing maternal, perinatal and early year's health services and parenting programmes to strengthen attachment between parent and child, avoid early trauma, build resilience and improve behaviour by ensuring parents have access to evidence-based programmes of intervention and support. Link with the Thames Valley Strategic Clinical Network lead for perinatal mental health to establish opportunities to improve services</p>	TVSCN linking with midwives, BHFT Public Health CCG CYPL	March 2016	<ul style="list-style-type: none"> • TVSCN perinatal mental health lead has been appointed

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No.	Area of Need	Actions	Lead agency	When	Outcomes
12	Provide more detailed information about services and how to access them.	<p>locally.</p> <p>Make sure that up to date information is on key websites including the local offer.</p>	<p>LA (children's services) LA (Public Health) BHFT</p>	<p>September 2015</p>	<ul style="list-style-type: none"> Local authorities have compiled lists of services that are available at Tier 2 and this is improving signposting within CAMHs. This directory of services supports teachers, GPs and others working with CYP, detailing where services are available and how to access them easily. BHFT have launched a new CAMHs website which will include a 'Supporting You' section. This section will contain information and links to other agencies offering local support to families, as well as links to online resources and top tips.
		<p>Following engagement with BHFT service users, BHFT to update information, resources and the website.</p>	<p>BHFT</p>	<p>June 2015</p>	<ul style="list-style-type: none"> Engagement with service users to develop website and resources underway
13	<p>Improve the environment where CYP are seen or are waiting including more privacy for confidential conversations and availability of resources for activities</p>	<p>Service users suggestions to improve clinical spaces and waiting rooms are</p> <ul style="list-style-type: none"> Artwork, produced by service users, to be displayed throughout CAMHs buildings. Positive and inspiring messages within CAMHs buildings. Uplifting posters. Access to helpful and reliable information on the issues they are experiencing within the waiting areas. Fidget toys and stress balls 	<p>BHFT</p>	<p>March 2015</p> <p>March 2015</p> <p>March 2015</p> <p>March 2015</p> <p>April 2015</p> <p>April 2015</p>	<ul style="list-style-type: none"> 2 art workshops held to date. Plans to continue this as part of ongoing service user engagement Materials ordered Materials ordered Materials ordered Materials ordered Materials ordered

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No.	Area of Need	Actions	Lead agency	When	Outcomes
		as distraction aids. <ul style="list-style-type: none"> • A selection of up-to-date magazines. • Annuals and other books to 'dip into' whilst they are waiting for their appointment. • Less "gloomy" information and publicity on issues that are not directly related to young people's mental health. 		April 2015 March 2015	<ul style="list-style-type: none"> • Materials ordered
14	Better post-diagnostic support, particularly for children with Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD).	To discuss how existing and new resources and services that support children with ASD and ADHD can be better coordinated across the partnership.	Local Authority (children's services) CCG BHFT Voluntary sector	March 2016	Discussed in principle at Pan Berkshire CAMHs meeting Jan 2015
15	Provide better access to services in a crisis and out of hours.	Secure additional resources to extend the availability of CAMHs help in a crisis into the evening and over weekends and Bank Holidays. Secure staff to be able to offer the service. Evaluate effectiveness of the service with a view to mainstreaming this with recurrent funds. Enhance the Early Intervention in Psychosis service for young people. Evaluate this with a view to mainstreaming the enhanced service.	CCGs BHFT BHFT and CCG BHFT	Jan 2015 Feb 2015 May 2015 June 2015	<ul style="list-style-type: none"> • Finance has been secured using mental health operational resilience funding. • Partial delivery due to vacancies • Finance has been secured using mental health operation resilience funding Dec 2014. • Partial delivery due to vacancies (Feb 2015) • Evaluate service

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No.	Area of Need	Actions	Lead agency	When	Outcomes
		Evaluate the new Psychological Medicines Service for young people under the age of 18 years that has opened at Wexham Park Hospital, providing rapid response mental health assessments for people who are being treated for physical conditions.	BHFT with WPH	June 2015	<ul style="list-style-type: none"> This service works across the hospital, including in A&E, so that children and young people who are in hospital for physical health problems can be assessed for any mental health issues without a further referral. This enables more rapid access to mental health services when required. The service started in Jan 2015. Monthly reporting.
		CCG is working with the police, ambulance service, Local Authorities, Public Health, hospitals, Drug and Alcohol Teams and BHFT to develop and implement the Crisis Care Concordat action plan.	BHFT CCG LA SCAS Police Acute hospitals	May 2015	<ul style="list-style-type: none"> Action plan published following consultation with service users Crisis Care Concordat Declaration was signed off Dec 2014.
16	Provide a local 24/7 inpatient service for those CYP with the most complex needs.	To increase opening hours of the Berkshire Adolescent Unit from 4 nights per week to 7 nights per week.	NHS England BHFT	Dec 2015	Since September longer term plans have been agreed in principle with the CCGs and NHS England to change the Berkshire Adolescent Unit, based in Wokingham from a Tier 3 unit (with some Tier 4) into a Tier 4 provision so that it can be open for 7 days, 52 weeks per year. It will eventually be expanded (7 beds currently) to form a larger in-patient residential unit (12-15 beds) as well as catering for day patients. This unit could also provide some crisis intervention beds. Under this new proposal a proportion of the funding for running the provision will transfer to NHS England. The remaining Tier 3 resources for the community based Eating Disorders service and Early Intervention in Psychosis will be included within the Tier 3 CAMHs service specification. Other centrally funded grants will be considered and applied for as and when
		To increase the number of Tier 4 beds available in Berkshire	NHS England BHFT	March 2017 TBC	

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No.	Area of Need	Actions	Lead agency	When	Outcomes
					opportunities arise
Care for the most vulnerable which is timely and where thresholds are understood					
17	More vulnerable young people eg looked after and care leavers, learning disability and CSE victims to be prioritised and specialist appointments within 10 days of referral		CAMHS/CYPL dependent on support needs		
18	Transition between CAMHS and Adult Mental Health Services and it is recommended that a review of the workforce training and support needs for improved transition be undertaken	Improve transition between CAMHS and Adult Mental Health Services	BHFT and CCG LA Adult Services	Ongoing	<ul style="list-style-type: none"> • CQIN in 15/16 contract measuring the satisfaction of service users • Review of workforce training needs around transition to inform training programme
19	Free Tier 3 CAMHS staff to work more collaboratively with partner agencies.	Consider service redesign to increase investment into Tier 3 CAMHs to enable this to happen.	BHFT and CCGs	July 2015	<ul style="list-style-type: none"> • Initial business case received by CCGs from BHFT- Feb 2015. • Commissioners and provider will use learning from additional winter resilience funded projects to shape investment.
20	Deliver improved communications and administration	Engage with service users and their families to find out what they want to know about the service <ul style="list-style-type: none"> • Service leaflet on what to expect from BHFT CAMHs. • Review service letters to be clear on wait times and service offer. • Improve website, add a section called "Our service". Site to be available as an 	BHFT	March 2015 March 2015 July 2015	<ul style="list-style-type: none"> • Process in place for service users to be consulted on all forms of communication and publicity. • "CAMHs web" and new website under development

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No.	Area of Need	Actions	Lead agency	When	Outcomes
		<p>App for smart phones and tablets</p> <ul style="list-style-type: none"> • Improve information in waiting areas. • Text reminder system to be set up. • Implement online tool “CAMHs web” which will facilitate shared decision making with young people- they will be able to access their own care plans which they have jointly agreed and developed with their clinician using tablets and smart phones. This will facilitate the self-reporting of outcomes. 		<p>May 2015</p> <p>May 2015</p> <p>April 2015</p>	
21	Specialist Tier 4 Provide clarity on the referral routes and process of referral to highly specialised mental health services at Tier 4	Follow the protocol as set out in the Specialised Mental Health Services Operating Handbook see Appendix 3	NHS England	April 2015	<ul style="list-style-type: none"> • Clarity on the referral routes, process and access to Tier 4 which can be assessed against the protocol
22	Specialist pathways for crisis and urgent referrals/care	Follow the protocol as set out in the Specialised Mental Health Services Operating Handbook see Appendix 3	NHS England	April 2015	<ul style="list-style-type: none"> • Clarity on the referral routes, process and access to Tier 4 which can be assessed against the protocol
Special focus on addressing perinatal mental health for new mothers					
23	Support for post natal mental health, particularly for young pregnant women	Link with the Thames Valley Strategic Clinical Network lead for perinatal mental health to establish opportunities to improve services locally.	TVSCN linking with midwives, BHFT Public Health CCG CYPL	March 2016	<ul style="list-style-type: none"> • TVSCN perinatal mental health lead has been appointed

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No.	Area of Need	Actions	Lead agency	When	Outcomes
Developing the workforce so that they are better able to meet needs					
24	Clear workforce development plan to ensure that staff are well trained and supported in their work	Identify and commission key training for staff, promote training	CYPL	Ongoing By April 2016	20% of staff skilled to promote EHWP in the workplace
		Develop the workforce, including GPs, Early Years, schools, children's centre staff, school nurses, youth workers	LA (Public Health) with CCGs	Ongoing	<ul style="list-style-type: none"> Training is taking place on an ongoing basis.
		Strengthen the links between children's mental health and learning disabilities services and services for children and young people with special educational needs and disabilities (SEND) Consider further integration of children's therapies and community nursing with mental health services	BHFT	April 2016	<ul style="list-style-type: none"> March 2015- BHFT scoping opportunities
Accountability and transparency through effective data and information collection and reporting of key measures					
25	Establish clear and joint management information and reporting standards for CAMHS and EHWP for service improvement.	Develop and maintain an accurate data set so that cases can be overseen and progressed Establish wait times for Tier 2 and 3 Establish baseline data for those who do not meet the threshold for Tier 2 and 3 who have been referred	CYPL BHFT	Annually from 2016	<ul style="list-style-type: none"> CCG working with BHFT on data accuracy as part of 2016 contract

Appendix 2

Questions for Health and Wellbeing Boards from Public Health England

1. Is the Board setting aspirations for health and wellbeing outcomes for young people based on the best performing local authorities? How is it using national and regional comparative benchmarks?
2. How does the joint strategic needs assessment demonstrate a specific focus on 10-24 year olds? Does this include disadvantaged groups such as looked after children, children adopted from care and care leavers? If it doesn't, what plans are there to address this?
3. How is the Board assured that services are working together to ensure those vulnerable to poor outcomes or whose safety is at risk, including sexual exploitation, are identified and supported as early as possible?
4. How does the Board identify local health inequalities and inequity of provision for this age group?
5. How is the Board assured that there is sufficient investment in youth provision to meet universal, targeted and specialist needs?
6. How do young people help shape the Board's plans and review progress?



Specialised Mental Health Services Operating Handbook Protocol

**Referral and Access Assessment Process
For Children & Young People into Inpatient Services**

<i>Date of issue: 20 October 2014</i>
<i>Date of review: February 2015</i>

1. Specialised Area

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

Child and Adolescent Mental Health Inpatient Services (CAMHS) deliver tertiary level of care and treatment to young people with severe and/or complex mental disorders. This could include inpatient units, learning disability units, secure forensic adolescent units and eating disorder units. Young people and children who are admitted to CAMH Inpatient Services have complex needs, often with co-morbidity that cannot be adequately treated by community CAMH services and where the risk identified cannot be managed. The purpose of treatment in these specialist services is to reduce risk using a variety of evidence-based therapies, whilst increasing the young person's psychological wellbeing and enabling discharge from CAMH Inpatient Services at the earliest possible opportunity with the support of community services. Where possible all children and young people should be treated as close as possible to their home area and in the least restrictive environment.

Key issues which can influence or contribute to poor mental health in young people include:

- Living in a family where there is a lone parent
- Where both parents are unemployed
- Where a parent has mental illness
- Where a parent has substance misuse problems
- Where a child is 'looked after' by the Local Authority
- Where a child has a learning disability
- Young offenders or children from an offending background
- Chronic physical illness
- Where there are prolonged difficulties at school, including special educational needs and exclusion; and children who are refugees.

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The young person's capacity to consent to be admitted into hospital must be assessed. For the young person (or parent / carer) to make an informed decision; information, where possible, should be explained in terms of expectations of the admitting hospital re engagement, observation practices, treatment programme etc.

Considerations also to take into account:

1. Competent child or young person can consent to admission
2. Parent can consent on behalf of a child who is not competent and falls within zone of parental control
3. Over 16 who lacks capacity and where admission does not involve deprivation of liberty can be under provisions of Mental Capacity Act.
4. If a competent child/young person refuses or there are reasons not to rely on consent or if parental consent not applicable or reasons not to rely on parental consent then consider admission 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).

2. Access Assessment

The following section describes the arrangements for referral, assessment and admission into CAMHS in-patient services. The service specifications developed by the Clinical Reference Group (CRG) for CAMH Inpatient Services describe in detail additional requirements / referral response times for each specialised service.

Mental Health Case Managers (MHCM) will work collaboratively with local services, access assessors and CAMH Inpatient Services taking into consideration local issues and geographical differences. Where a young person is approaching their eighteenth birthday MHCM's will work with local clinicians to ensure the most appropriate pathway is identified.

Admission must operate within a pathway of care, involving the local community teams. It is essential to avoid protracted length 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 T3 services and the Access Assessor to explore alternatives to admission and assess the suitability of an individual for inpatient treatment. The young person's strengths and the 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 quality of the referral information is crucial to ensure that young people and their families receive timely and appropriate response from CAMHS Inpatient services.

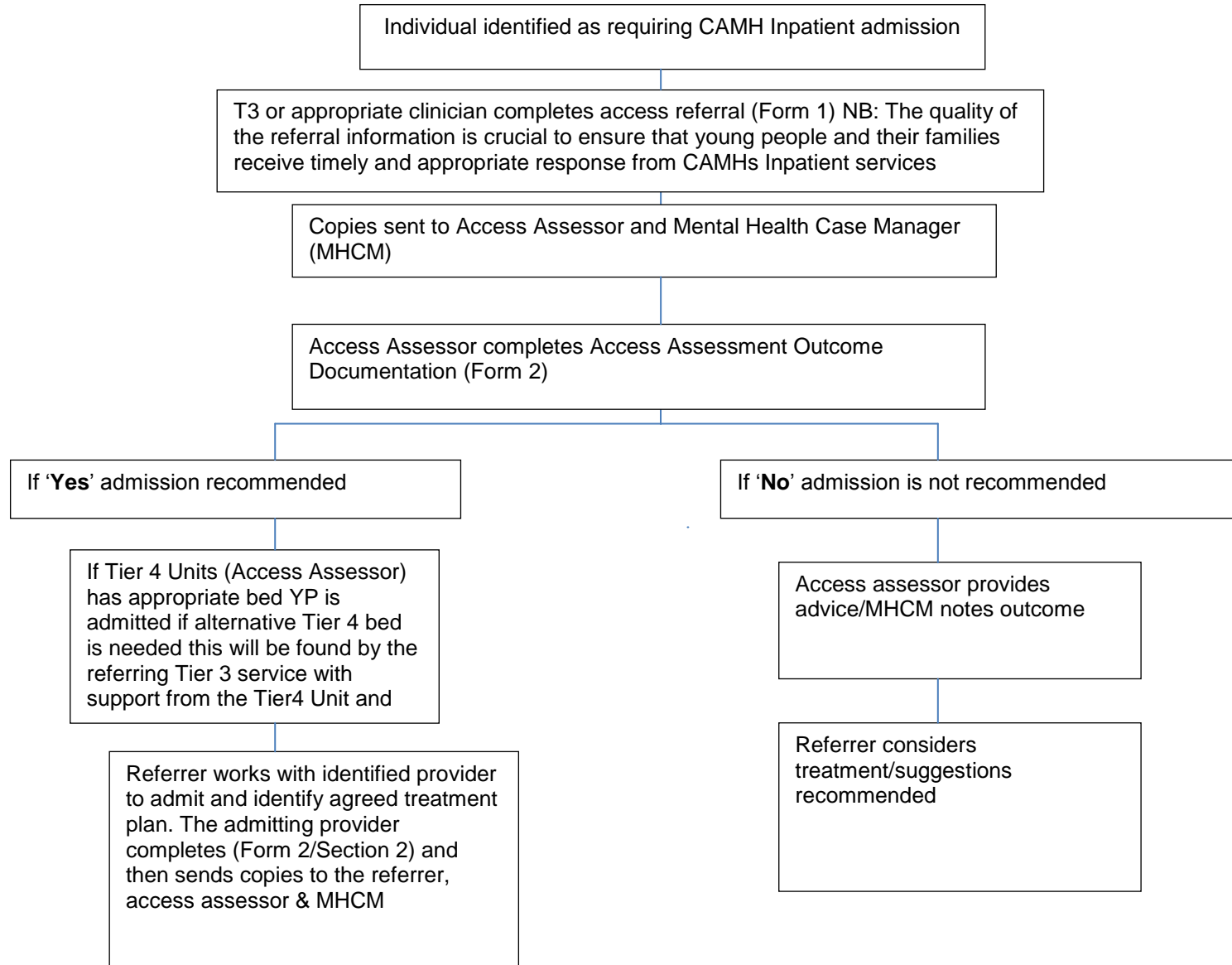
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Where there is overwhelming evidence, within the referral and associated documents, that the young person requires admission there may be no need for a face to face assessment. The access assessment may be completed as a “table top” exercise using the available clinical information.

Best practice indicates that access assessments are completed by a CAMH's Inpatient clinician wherever possible. In some areas identified CAMHs T3 will provide this resource. Practitioners who undertake access assessments need to be skilled, trained professionals who know how to engage and work with children, young people and their families and elicit vital information. The Tier4 team should liaise closely with the referring team and any other agencies involved in conducting the assessment and formulating an agreed care plan. The clinician carrying out the access assessment could be a senior member of the team and this will depend on available resources and the clinical picture of the referral. The assessing clinician should be empowered to make a decision regarding need for admission to CAMH Inpatient Services. In conjunction assessing clinicians may find the use of structured assessment tools useful in completing the access 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.

Following receipt of (Form 1) Referral, the Access Assessor will need to complete Access Assessment Documentation (Form 2) and follow the flow chart set out below. The Referrer works with identified provider to admit and identify agreed treatment plan. The admitting provider completes Section 2 (of form 2).

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The following descriptions are taken from the service specifications and describe the expected timeframe for each specialist area to respond to a referral.

i. Tier 4 CAMH General Adolescent Services

Referral routes_- referral to a Tier 4 CAMHS General Adolescent Service will be from Tier 3 CAMH services and endorsed by a consultant psychiatrist- T3 CAHMS or Adult Consultant (if out of hours).

- Emergency referrals will be reviewed and responded to by a senior clinician within 4 hours; emergency assessment will be offered within 12 hours.
- Urgent referrals will be reviewed and responded to within 48 hours.
- Routine 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 Tier 3 CAMH services and endorsed by a consultant psychiatrist- T3 CAMHs or Adult Consultant (if out of hours).

- Emergency referrals will be reviewed and responded to by a senior clinician within 12 hours; emergency assessment will be offered within 24 hours.
- Urgent referrals will be reviewed and responded to within 48 hours.
- Routine referrals will be reviewed and responded to within 1 week and assessment offered within 4 weeks

iii. Tier 4 CAMH In Patient Learning Disability Service

Referral Routes- referrals should be from Tier 3 CAMHS/Community Learning Disability Services or other Tier 4 CAMHS Services. Response times are as detailed above.

- Emergency admissions are not usually possible due to the need to assess the young person before admission. However it may be possible in some instances when the young person resides near the Tier 4 CAMHS Specialist Learning Disability Unit. Advice can be given to referrers on management pending assessment.

iv. Tier 4 CAMH Specialist Eating Disorder Service

Referral routes_ Referrals will be accepted from Tier 3 CAMHS, Tier 4 General Adolescent Units and Children's Units.

- Response to emergency referrals will be within 24 hours
- Response to urgent referrals will be within 48 hours
- Response to non-urgent referrals will be within 5 working days.

v. Tier 4 Psychiatric Intensive Care Units (PICU)

Referral process—referrals will be accepted from Tier 4 Adolescent Services or occasionally directly from Tier 3 CAMHS where it is evident that the young person's needs could not be met within the Tier 4 general CAMH service.

- Response to referrals will be within 2 hours.

vi. Referral for Access Assessment into Medium or Low Secure Inpatient Services for Children & Young People Refer to Form 1 Additional Considerations for Referrers

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 MHCM will be required to enable consideration of clinical, geographical and appropriate use of available capacity.

Referral and Access Assessment process for potential admission for Children & Young People

Process for routine referrals:

1. Referral for access assessment (form 1) to be completed and sent to the appropriate access assessor and copy to MHCM. This will identify the significant Mental Health needs.
2. The access assessment will explicitly address the following issues;
 - Whether inpatient admission will address the mental health needs of the young person.
 - The best environment/level of service in which the care should be provided including 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.
3. Where after the access assessment it is agreed the child does not require a CAMH Inpatient Service, an access assessment (form 2) should be provided including advice to the referrer/Tier 3 team on the young person's management.
4. If it is agreed the child requires in-patient admission, in an appropriate setting as identified by access assessor (form 2 completed) and MHCM.
5. If Tier 4 Units (Access Assessor) has appropriate bed (Form 3 completed) YP is admitted.

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6. Where a bed is not available locally discussions need to take place between the referrer, MHCM. The most appropriate CAMHs Inpatient Service will be identified by the referring Tier 3 service with support MHCM.
7. Where a bed is required but the local Tier 4 service feels unable to meet the needs of the child or young person then the reasons for this must be communicated and clearly to the referrer, and discussion with the MHCM is required to determine the most appropriate service.

Access assessor and the CAMH Inpatient Service must maintain communication with the referrer throughout the process.

- Where an initial access assessment determines the child requires care from a more specialist CAMH Inpatient Service, the access assessor will provide advice on the type of unit required and discussions will take place with the MHCM and the referrer.

Process for emergency/urgent referrals (including out of hours):

1. Initial referral to be made to access assessor as identified (see local access arrangements and list of services below)
2. Referral discussed with CAMH Inpatient Service immediately
3. Agreement reached between referrer and access assessor re degree of urgency
4. Outcome of access assessment to be communicated to referrer as soon as possible
5. Where admission is indicated, a bed should be offered as soon as clinically appropriate
6. Access Assessment Form 2 (out of hours section) completed

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

3. Case Management Arrangements

MHCM will work collaboratively with local services, access assessors and CAMH Inpatient Services taking into consideration local issues and geographical differences. Where a young person is approaching their eighteenth birthday MHCM will work with local clinicians to ensure the most appropriate pathway is identified. Contact details are included in the last section of this document.

4. Arrangements for Access Assessments

Inpatient Access Assessment for Tier 4 (using Form 1) will be provided by:-

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Leigh House Hospital, Winchester (For Hampshire, IOW, Portsmouth, Southampton referrals)

Pebble Lodge, Dorset (For Dorset referrals)

Berkshire Adolescent Unit, Wokingham (For Berkshire referrals)

Highfield, Oxford (For Oxfordshire, Buckinghamshire referrals)

If the referral raises concerns regarding risk of harm to others, then the Forensic CAMHS Service can be contacted for advice as follows:-

Hampshire, IOW, Portsmouth, Southampton, Dorset - Jonathan.Bigg@nhs.net

Berkshire, Oxfordshire, Buckinghamshire – Nick.Hindley@oxfordhealth.nhs.uk

5. For Information: Local CAMH Inpatient Services

Huntercombe Manor Hospital, Maidenhead

Highfield, Oxford

Berkshire Adolescent Unit, Wokingham

Pebble Lodge, Dorset

Leigh House Hospital, Winchester,

Priory Hospital Southampton

6. Contact Details

Queries regarding the process can be directed to:-

Gareth Davies, Mental Health Case Manager

Garethd Davies2@nhs.net

Louise Doughty, Head of MH & Programme of Care Lead

Louisedoughty@nhs.net