



Assessment and outreach team policy

Lead executive	Lead Clinical Director
Authors details	Clinical Nurse specialist - Tier 4 Camhs

Type of document	Policy
Target audience	All CWP staff
Document purpose	The purpose of this document is to set out the agreed framework for the Tier 4 CAMHS assessment and outreach service.

Approving meeting	West Locality Governance and Risk Meeting	21-Jun-15
Implementation date	21-Jun-15	

CWP documents to be read in conjunction with	
HR6	Mandatory Employee Learning (MEL) policy
CP5	Clinical risk assessment policy
CP40	Safeguarding children policy
MH13	Part IV and IVA Mental Health act 1983 consent to treatment
CP49	Admission of young people to adult mental health wards
GR1	Incident reporting and managing policy
GR33	Lone worker policy
GR35	Safe vehicular transport of service users and others
CA1	Management of self harm on tier 4 inpatient wards

Document change history	
What is different?	Review of the document has been undertaken
Appendices / electronic forms	
What is the impact of change?	

Training requirements	No - Training requirements for this policy are in accordance with the CWP Training Needs Analysis (TNA) with Learning and Development (L&D)
-----------------------	---

Financial resource implications	No
---------------------------------	----

External references	
---------------------	--

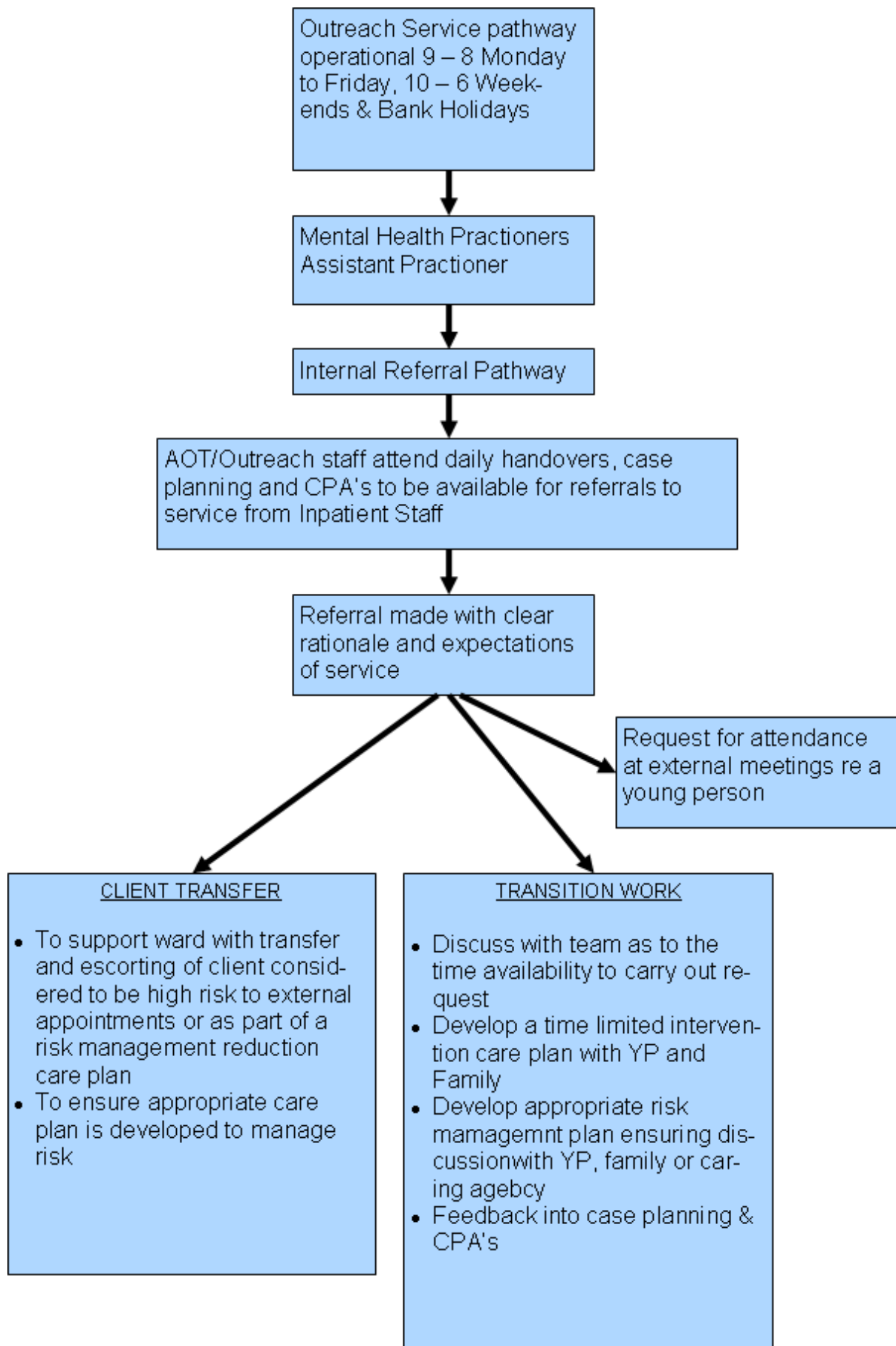
Equality Impact Assessment (EIA) - Initial assessment	Yes/No	Comments
Does this document affect one group less or more favourably than another on the basis of:		
- Race	No	
- Ethnic origins (including gypsies and travellers)	No	
- Nationality	No	
- Gender	No	
- Culture	No	

Equality Impact Assessment (EIA) - Initial assessment	Yes/No	Comments
- Religion or belief	No	
- Sexual orientation including lesbian, gay and bisexual people	No	
- Age	No	
- Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?		
Is the impact of the document likely to be negative?	No	
- If so can the impact be avoided?	N/A	
- What alternatives are there to achieving the document without the impact?	N/A	
- Can we reduce the impact by taking different action?	N/A	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted.		
If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact. For advice in respect of answering the above questions, please contact the human resource department.		
Was a full impact assessment required?	No	
What is the level of impact?	Low	

Content

Quick reference flowchart	4
1. Introduction.....	5
2. Team composition	5
2.1 Pine Lodge	5
2.2 Maple Ward.....	5
3. Planned admissions to Pine Lodge.....	6
3.1 Referral	6
4. Assessment process	6
5. Note	6
6. Enquiries	7
7. Referrals.....	7
7.1 Referrals from CWP or Merseyside	7
7.2 Out of hours referrals from CWP and Merseyside.....	8
7.3 Referrals from the wider North West of England.....	8
7.4 Out of hours referrals from the North West of England	9
7.5 National referrals from outside the North-West of England	9
8. Outreach	9
Appendix 1 - Referral pathway.....	10
Appendix 2 - Out of hours referral pathways.....	11

Quick reference flowchart



1. Introduction

The Assessment and Outreach Service (AOT) is to provide a high quality evidence based gate keeping service to enable young people ages 13-18 to access Tier 4 services local to their area to ensure that they receive the right care at the right time. The secondary function is to reduce length of stay by offering intensive outreach support to facilitate early discharge from hospital.

2. Team composition

There is a multi-disciplinary team which consists of nurses and assistant practitioners. In addition there is dedicated psychiatry and psychology input.

The AOT will operate Monday to Sunday 9am until 9pm. The team will function with at least two members of staff available on each shift to conduct assessments. A rota comprising AOT practitioners and multi-disciplinary professionals from across the in-patient service shall offer consultation to referrers as well as assessments for urgent referrals.

Enquiries / referrals to Tier 4 CAMHS

The AOT will manage referrals to generic Tier 4 CAMHS. This includes Pine Lodge, Maple Ward and the Assessment and Outreach Team.

2.1 Pine Lodge

Pine Lodge is Tier 4's treatment provision which has a capacity of 14 young people. This is generally a planned admission unit and admissions can be facilitated 7 days per week during the hours of 9-7. Admissions are only accepted once a developed treatment plan is agreed with the referrer, young person and their families by a member of Chester Tier 4 CAMHS inpatient service or AOT.

- Referrals are accepted from Tier 3 CAMHS and adult mental health services;
- Referrals are accepted from Cheshire and Merseyside Eating Disorder Service (CHEDS) for young people whose primary diagnosis is of an eating disorder. Pine Lodge does not accept direct referrals from other agencies for young people with this primary diagnosis.

Pine Lodge will accept those transferred whilst on a section of the Mental Health Act from Maple Ward or other mental health services once a collaborative treatment plan is in place.

2.2 Maple Ward

Maple Ward is the 12 bedded acute admissions ward for young people aged 13-18 and can be accessed 24 hours a day.

All referrals into generic Tier 4 CAMHS shall be made via telephone call through the main telephone line to Maple Ward. Any referrals coming through another telephone line within the service will be transferred to the main Maple Ward telephone line. A detailed flowchart explaining the referral pathways can be seen in figure 1.

During working hours the referral call to Maple Ward shall be transferred to a member of AOT. If AOT practitioners are unavailable the call should be transferred to the practitioner on the 'back up' rota for the specified day. In the rare case that the 'back up' practitioner is on assessment, referrals should be transferred to Maple Ward Manager, Pine Lodge Ward Manager, Clinical Service Manager or the Clinical Director in order based on availability.

Clinicians offering consultations to community teams or other tier 4 providers should establish the following information at first point of contact - NB during the hours of 9-5 the initial referral details will be taken by the medical secretaries.

- Referrers name, role and contact details;
- The locality of the referral;
- The young person's name;
- Date of birth;

- Address;
- NHS number;
- GP name, address and telephone number;
- The reason for referral.

3. Planned admissions to Pine Lodge

3.1 Referral

Referrals will be discussed in the referrals / assessment and outreach team meeting on a weekly basis. Allocations and actions will be agreed in this meeting.

Referrals can come from a number of sources:

- Requests from Tier 3 for planned admission;
- Requests for emergency admission which after initial assessment are agreed appropriate for planned admission;
- HBTS;(Home based therapy and complex needs service)
- DBT; (Dialectical behaviour therapy service.)
- Maple Ward patients who need a more therapeutic environment.

Patient Group:

- Young person with complex mental health difficulties;
- Young person who appear stuck and unable to progress with community based interventions;
- Young person whose MH complex difficulties will benefit from time away from home;
- Young person needing a range of intensive interventions that are either not available in the community or would not be deliverable in a timely manner.

Criteria for admission:

- Young person able to express motivation to change;
- Young person engaged in the assessment process;
- Young person understands what Pine Lodge has to offer;
- Young person understands our expectations and consequences of not using Pine Lodge effectively;
- Young person agrees to have regular weekend leave and agrees to do “homework” whilst on leave e.g. practicing newly learned coping strategies.

4. Assessment process

This will be divided into stages, generally involving three meetings during which the criteria for admission will be assessed. These meetings will generally cover:

1. Initial Tier 4 assessment including the introduction of the principle of SMART aims
2. Aims reviewed and refined
3. Orientation and contract meeting

Following successful completion of these stages, an admission date will be agreed if a bed is available, or the young person will be placed on a waiting list.

5. Note

All young people presenting in crisis requiring immediate admission should go to Maple Ward where the model of care is designed to cater for their needs. Emergency crisis admissions to Pine Lodge should be avoided as we know unplanned admissions are potentially harmful to the therapeutic engagement of young people who have been admitted in a planned way. The model of care at Pine Lodge is not designed for this group of young people. However, in exceptional circumstances, if Maple Ward is full, and the YPC assessing team consider that a young person in crisis would benefit from an urgent planned treatment admission, then admission to Pine Lodge can be considered.

6. Enquiries

Once the above information has been gathered AOT will offer telephone consultation regarding the enquiry. Information can be provided on the Maple Ward bed state and on the appropriate referral process. It might be possible to signpost enquirers to more appropriate services at this stage, or to offer consultation on community interventions if not deemed appropriate for admission or outreach.

Calls from community teams wanting to make a referral for a young person outside of CWP should be treated as an enquiry and advised to request a local Tier 4 assessment. Information of each enquiry must be passed on to the medical secretaries by telephone or email at the earliest opportunity. Medical secretaries will open an episode of care for the young person after which AOT will document the details of their consultation.

7. Referrals

Referrals will be discussed in the referrals/assessment and outreach team meeting on a weekly basis. Allocations and actions for non-urgent referrals will be agreed in this meeting.

All referrers will be asked to complete a National Tier 4 CAMHS referral/assessment form which AOT will email directly to the referrer. This must be typed and fully completed prior to a referral being formally accepted. The referral/assessment form must be sent back to AOT (or Maple Ward out of hours) either by encrypted email or by fax. Un-encrypted emails can be accepted from CWP email accounts only.

Out of hours the referrer will liaise directly with the nurse in charge of Maple Ward. The nurse in charge will ensure the national Tier 4 referral/assessment form is completed and will discuss the appropriateness of admission with the on-call clinician.

Referrals are grouped into 3 main categories depending on the location of the young person's GP. These include:

1. Cheshire, Wirral and Merseyside (except Warrington, St Helens and Knowsley).
2. The wider Northwest of England.
3. The rest of England.

CWP Tier 4 CAMHS are not commissioned to accept referrals from outside of England. Any such referrals must be brought to the immediate attention of the Clinical Service Manager, the Clinical Director and NHS England's North West Commissioner.

7.1 Referrals from CWP or Merseyside

Referrals will be accepted following a first line mental health assessment from:

1. Tier 3 CAMHS
2. Home Treatment Team / A&E Liaison
3. Approved Mental Health Practitioner (AMHP)
4. Specialist CAMHS services

AOT will provide telephone response within 2 hours of receipt of a completed National Tier 4 Referral and Assessment Form. AOT will consider the referral information and consult with the referrer directly. The outcome of review of the assessment document can include any of the following:

1. The referral is outside the remit of generic tier 4 CAMHS. AOT will signpost the referrer to appropriate/specialist services before closing the case to tier 4. This may include for example, social care, low secure or PICU services, CHEDS(Cheshire and Merseyside eating disorder service), DBT(Dialectical behaviour therapy service), HBTS(Home treatment and complex needs service), forensic services or learning disability services.
2. Tier 4 services are deemed clinically unhelpful at point of referral. Consultation is offered to the referrer regarding the rationale for this and suggestions for either continued community

interventions or specialist services are offered. This decision may be based on the level of risk being deemed too low for admission or on contra-indicated presentations such as those outlined in table 1.

3. The referral is appropriate for a planned assessment. The planned assessment pathway is then followed.
4. The referral is appropriate for urgent assessment. AOT to arrange assessment within 48 hours.
5. The referral is appropriate for emergency assessment. Assessment to be offered within 24 hours ensuring that the young person is in a current place of safety. If the young person's safety cannot be maintained prior to assessment the AOT practitioner will triage the referral for possible direct admission to Maple ward based on referral information.
6. Admission is requested under the auspices of the Mental Health Act (1983). AOT will endeavour to join the Mental Health Act Assessment. If this is not possible the Approved Mental Health Practitioner (AMHP) should contact AOT to discuss the case prior to the young person being placed on a section. AOT will discuss the presentation and consider the clinical appropriateness of admission. Clinically indicated alternatives should be suggested if appropriate.

7.2 Out of hours referrals from CWP and Merseyside

Assessments will not be completed out of hours. All requests for admission must be triaged jointly by the Maple Ward Nurse in Charge and the YPC clinician on-call.

Admission of a young person under 16 may be agreed following a CAMHS assessment or Adult Mental Health assessment informed by CAMHS.

For young people over 16 the assessing clinician in Adult Mental Health must discuss the appropriateness of admission with the Maple Ward Nurse in Charge (who will consult the YPC clinician on call) before jointly coming to a decision about admission. This may include temporary admission to an adult ward until Tier 4 CAMHS can assess.

Table 1 - Exclusion Criteria for Tier 4 CAMHS

1. Aged 18 years of age.
2. Severe learning disability.
3. Mild / moderate learning disability without co-morbid mental health concerns. Attention should be paid to clinical presentation and clinical need prior to considering the most suitable placement.
4. Primary diagnosis of substance misuse without co-morbid mental illness.
5. Primary diagnosis of conduct disorder without co-morbid mental illness.
6. Primary need is for accommodation due to breakdown of family or other placement.
7. Young people in need of low secure care.
8. Risk profile suggests referral to the National Adolescent Forensic Service.
9. Severe Autistic Spectrum Condition where it is clinically assessed that care would be more appropriately provided by a specialist unit.

7.3 Referrals from the wider North West of England

Young people registered with a GP outside of Cheshire, Wirral or Merseyside (excluding Warrington, St Helens and Knowsley) will not routinely be offered assessment or admission. In such instances referrers should be signposted to the appropriate Tier 4 service.

Referrals from the wider North-West of England will only be accepted once a local Tier 4 CAMHS assessment has been completed and reviewed by AOT. The AOT practitioner shall request further information if the local Tier 4 assessment does not evidence a clear clinical rationale for admission. The AOT practitioner will consider the appropriateness of the referral, accepting or declining the referral based on their clinical judgement. Consideration for admission will only be given if a closer Tier 4 placement cannot be sourced and a move away from the young person's locality is in their best interests. AOT shall not offer routine assessments; admission will be based on the local Tier 4 assessment only.

7.4 Out of hours referrals from the North West of England

Assessments will not be completed out of hours. All requests for admission must be triaged by the Maple Ward Nurse in Charge.

Admission of a young person under 16 may be agreed if a local assessment has been completed which is informed by CAMHS and the YPC clinician on-call has appraised the assessment.

Requests for admission for young people aged over 16 will not be considered. The Maple Ward nurse in charge should inform of the need for local arrangements to be made pending a local Tier 4 CAMHS assessment.

7.5 National referrals from outside the North-West of England

Referrals from outside of the North will only be accepted once a local Tier 4 CAMHS assessment has been completed and reviewed by AOT and following agreement from the locality commissioner. The AOT practitioner shall request further information if the local Tier 4 assessment does not evidence a clear clinical rationale for admission. The AOT practitioner will consider the appropriateness of the referral, accepting or declining the referral based on their clinical judgement. Consideration for admission will only be given if a closer Tier 4 placement cannot be sourced and a move away from the young person's locality is in their best interests. AOT shall not offer routine assessments; admission will be based on the local Tier 4 assessment only.

Out of hours direct admissions will not be offered unless there are exceptional circumstances.

8. Outreach

The outreach component of the service operates from 9-8 Monday to Friday and 10-6 at evenings and bank holidays.

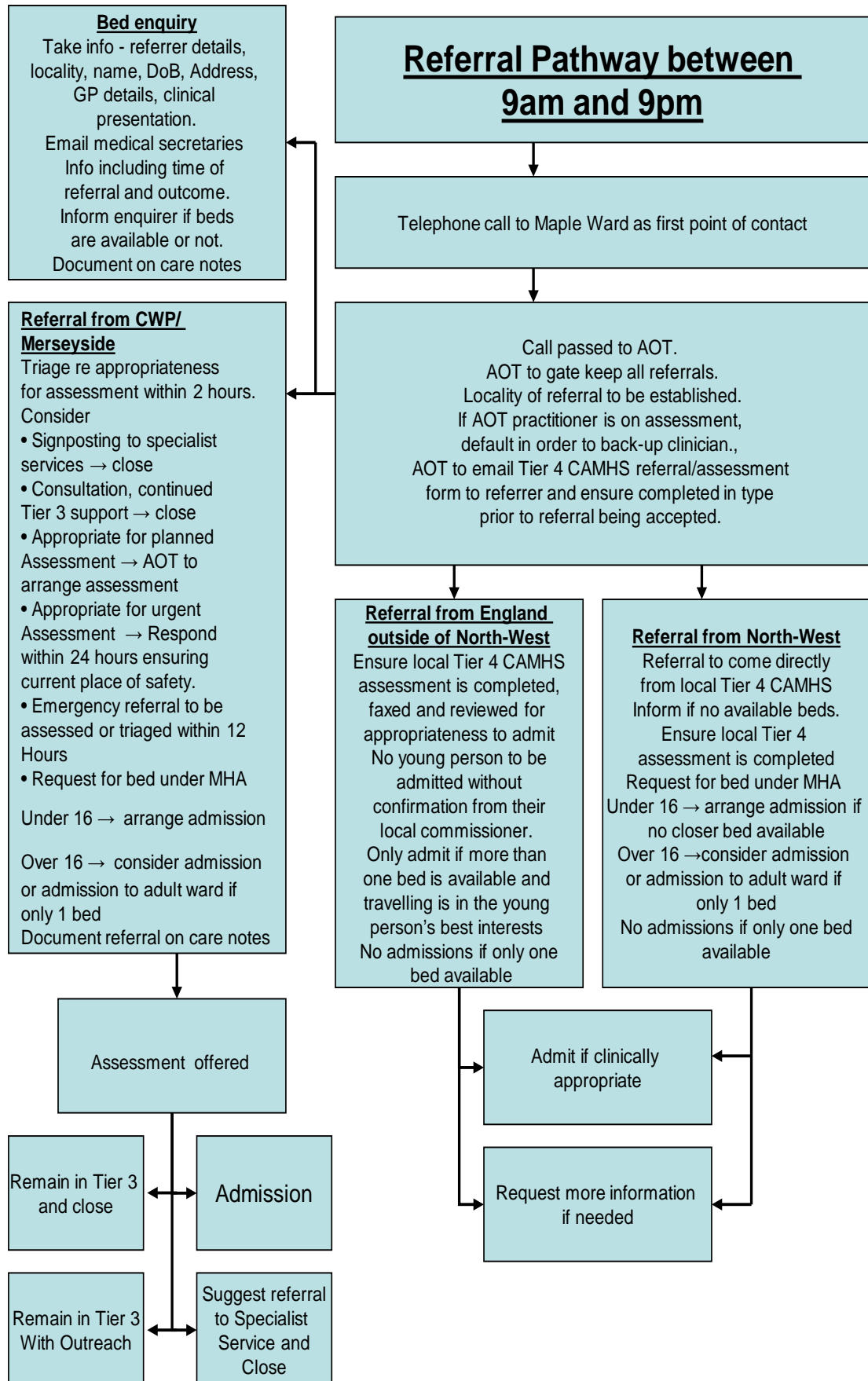
The Assessment and Outreach Team will offer bespoke outreach packages to young people and their families/carers supporting the transition between hospital and community services or providing an alternative to hospital admission if admission is contra-indicated. Outreach support packages will be offered if clinically appropriate following a comprehensive Tier 4 assessment. Care plans will be informed by the Tier 4 assessment and will be agreed collaboratively between the young person, their family/carers, AOT and key partner agencies.

Outreach interventions might include:

- Telephone support;
- Home visits;
- Goal oriented social support;
- Brief family work;
- Individual appointments away from the hospital setting;
- Consultation with community practitioners;
- Attendance at risk and review meetings.

Care co-ordination will remain with community practitioners with AOT aiming to provide a time limited, goal oriented support plan in addition to and aligned with the young person's community/hospital treatment plan.

Appendix 1 - Referral pathway



Appendix 2 - Out of hours referral pathways

