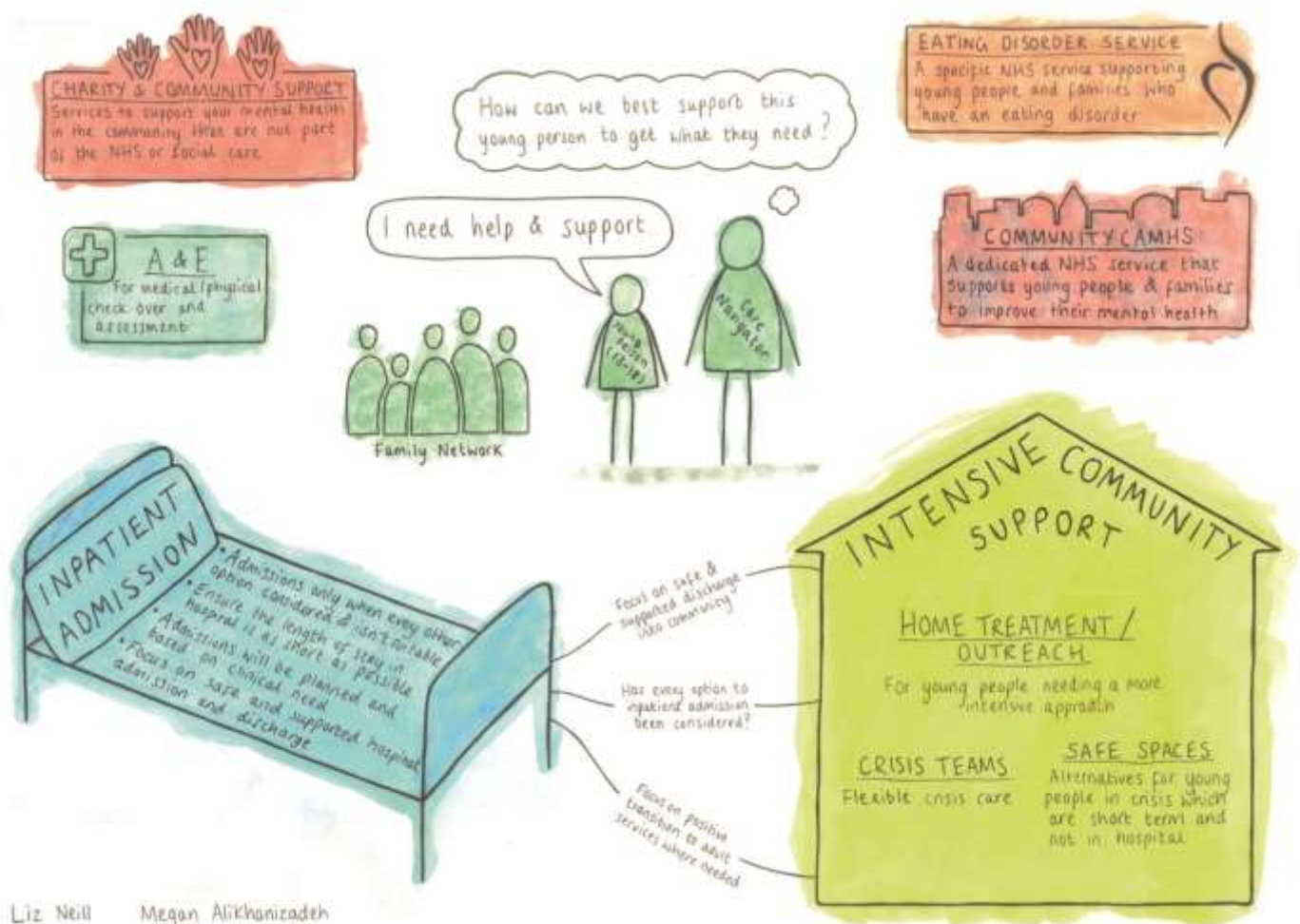


Specialised Mental Health Services CAMHS Operating Handbook Protocol

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



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COMMON ROOM

Developed by Common Room for
West Yorkshire CAMHS New Care Model

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Contents

Contents Page	2
Introduction.....	3
Specialised Area	3
Access Assessment	4
Referral / Access Assessment Flow Diagram.....	5
Process for Referrals	7
Transition and Step Down.....	8
Escalation.....	10
Case Management Arrangements	11
Arrangements for Access Assessments	11
For Information: Local CAMH Inpatient Services	12
Appendix 1: Additional Guidance For A Referral For Assessment Into Secure CAMHS for Children & Young People	13
Appendix 2: Pathways Diagram.....	18
Appendix 3: General Data Protection Regulation (GDPR) & Data Protection Act	19

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 tier 4 face to face assessment should be carried out if at all possible.

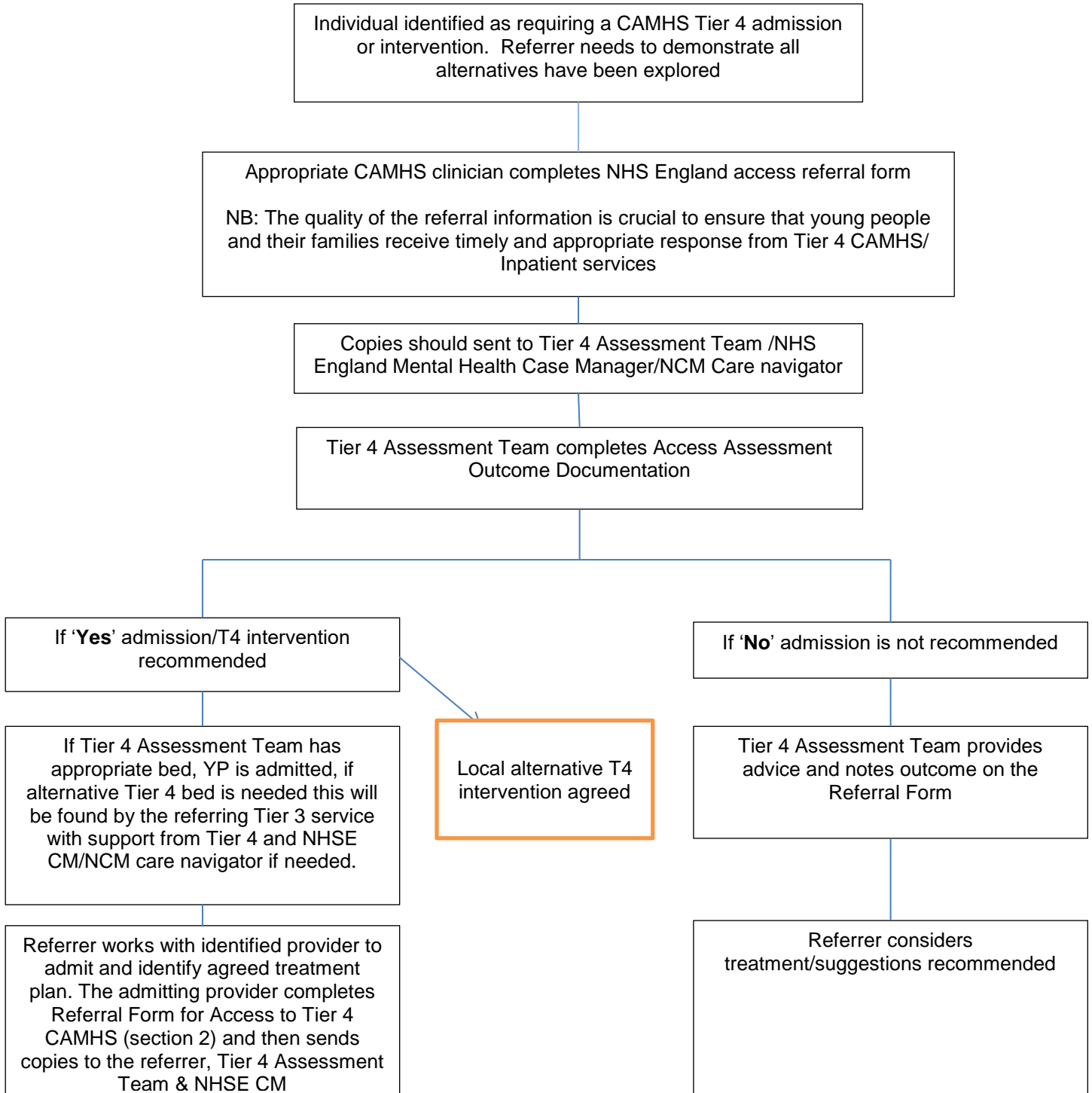
After a decision has been made about the most appropriate tier 4 intervention, the decision, including the rationale behind it and any relevant recommendations should be communicated to the referrer and other key professionals immediately on the phone or electronically, and subsequently in writing (if 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. CETR 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 Tier 4 Assessment Team 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 Tier 4 Assessment Team 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, Tier 4 Assessment Team 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 Tier 4 Assessment Team 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. Where a comprehensive formulation has been completed within the previous 6 months, this will also be sent with the Referral Form for Access to Tier 4 CAMHS as this will also assist with the quality and utility of the access assessment.
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 Tier 4 Assessment Team, the Tier 4 Assessment Service 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 Assessment Team 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 referrer and the CAMHS tier 4/inpatient service must maintain communication with each other 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 Tier 4 Assessment Team 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 tier 4 service 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/ Tier 4 Assessment Team re degree of urgency
- iv. The outcome of the tier 4 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

To be Determined Locally / Local Variation

NHSE CM will work collaboratively with local services, Agreement reached between referrer/ Tier 4 Assessment Team re degree of urgency and CAMHS inpatient services taking into consideration local issues and geographical differences.

Contact Details – Local MH Hub Team (Yorkshire and Humber)

<u>Name & Region:</u>	<u>Contact Details:</u>
<p>Fiona Massie</p> <ul style="list-style-type: none"> • NHS Hambleton Richmondshire and Whitby CCG • NHS Harrogate and Rural District CCG • NHS Scarborough Ryedale CCG • NHS Vale of York CCG • NHS Hull CCG • NHS East Riding of Yorkshire CCG • NHS North East Lincolnshire CCG 	<p>fiona.massie@nhs.net</p> <p>07568 431680</p>
<p>Beverley Carter</p> <ul style="list-style-type: none"> • NHS Leeds CCG • NHS Wakefield CCG • Greater Huddersfield CCG • NHS Calderdale CCG • NHS North Kirklees CCG • NHS Bradford Districts CCG • NHS Airedale Wharfedale and Craven CCG • NHS Bradford City CCG 	<p>Beverley.carter3@nhs.net</p> <p>07730 391740</p>
<p>Helen Rutherford</p> <ul style="list-style-type: none"> • NHS Sheffield CCG • NHS Rotherham CCG • NHS Barnsley CCG • NHS Doncaster CCG • NHS Bassetlaw CCG 	<p>Helen.rutherford7@nhs.net</p> <p>07825 422267</p>

8. Arrangements for Access Assessments

CCG Area covering:	Mon – Friday 9am – 5pm assessment by:	Out of Hours and weekend assessment by:
<ul style="list-style-type: none"> • NHS Hambleton Richmondshire and Whitby CCG • NHS Harrogate and Rural District CCG • NHS Scarborough Ryedale CCG • NHS Vale of York CCG • NHS Hull CCG • NHS East Riding of Yorkshire CCG 	<p>Mill Lodge</p>	<p>Mill Lodge</p> <p>milllodgereferrals.lypft@nhs.net</p> <p>01904 294050</p>
<ul style="list-style-type: none"> • NHS Leeds CCG • NHS Wakefield CCG 	<p>Little Woodhouse Hall</p>	<p>Little Woodhouse Hall</p>

CCG Area covering:	Mon – Friday 9am – 5pm assessment by:	Out of Hours and weekend assessment by:
<ul style="list-style-type: none"> • Greater Huddersfield CCG • NHS Calderdale CCG • NHS North Kirklees CCG • NHS Bradford Districts CCG • NHS Airedale Wharfedale and Craven CCG • NHS Bradford City CCG 		aisred@nhs.net 0113 3057200
<ul style="list-style-type: none"> • NHS Sheffield CCG • NHS Rotherham CCG • NHS Barnsley CCG • NHS Doncaster CCG • NHS Bassetlaw CCG • NHS North East Lincolnshire CCG 	Becton Centre	Becton Centre becton.centre@nhs.net 0114 3053160

9. For Information: Local CAMH Inpatient Services

<u>Service Provider</u>	<u>Geographical area that uses this service as first option.</u>	<u>Service Description</u>	<u>Case Management</u>	<u>Supplier Manager</u>
Little Woodhouse Hall	West Yorkshire	General Adolescent	Beverley Carter	Matt Miles
Mill Lodge	North Yorkshire, Hull and East Riding.	General Adolescent	Fiona Massie	Matt Miles
Sapphire Lodge, Becton Centre	South Yorkshire	General Adolescent	Helen Rutherford	Matt Miles
Emerald Lodge, Becton Centre	Yorkshire and Humber	Children's	Helen Rutherford	Matt Miles
Ruby Lodge, Becton Centre	Yorkshire and Humber	Learning Disability	Helen Rutherford	Matt Miles

<u>Service Provider</u>	<u>Geographical area that uses this service as first option.</u>	<u>Service Description</u>	<u>Case Management</u>	<u>Supplier Manager</u>
Haven ward, Cygnet Sheffield	Yorkshire and Humber	PICU	Fiona Massie	Matt Miles
Peak View Ward, Cygnet Sheffield	South Yorkshire	General Adolescent	Fiona Massie	Matt Miles

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 Tier 4 Assessment Team 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

- Agreement will be reached between referrer/Tier 4 Assessment Team re degree of urgency
- 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 page 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

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,
- Sexually aggressive behaviour
- Destructive and potentially life threatening use of fire

AND:

There is clear evidence prior to referral that serious consideration (and testing where appropriate) of less secure provision will exceed the ability of available mental health services to meet the needs of the young person.

** It is not necessary that the referred young person should be facing criminal charges for these risk behaviours, but it is necessary that there should be reliable accounts available of such behaviour.*

Low Secure Provision

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 that cannot be managed by shorter term admission to a psychiatric intensive care unit (PICU)

AND:

The young person presents a risk of harm to others; themselves or suffers from a mental disorder that requires inpatient care, specialist risk management procedures, and specialist treatment intervention.

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.

When uncertain, referring clinicians are encouraged to seek advice regarding whether a young person would be most appropriately referred to low secure or medium secure; this advice can be provided by senior clinicians within the medium secure network (contact details on page 3 below).

Once a Referral Form has been completed by the local Tier 4 Assessment Team 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

Unit	Provider and contact details	Number of beds	Gender
Cygnets Bury, Bury	Cygnets 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
Kent House, 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

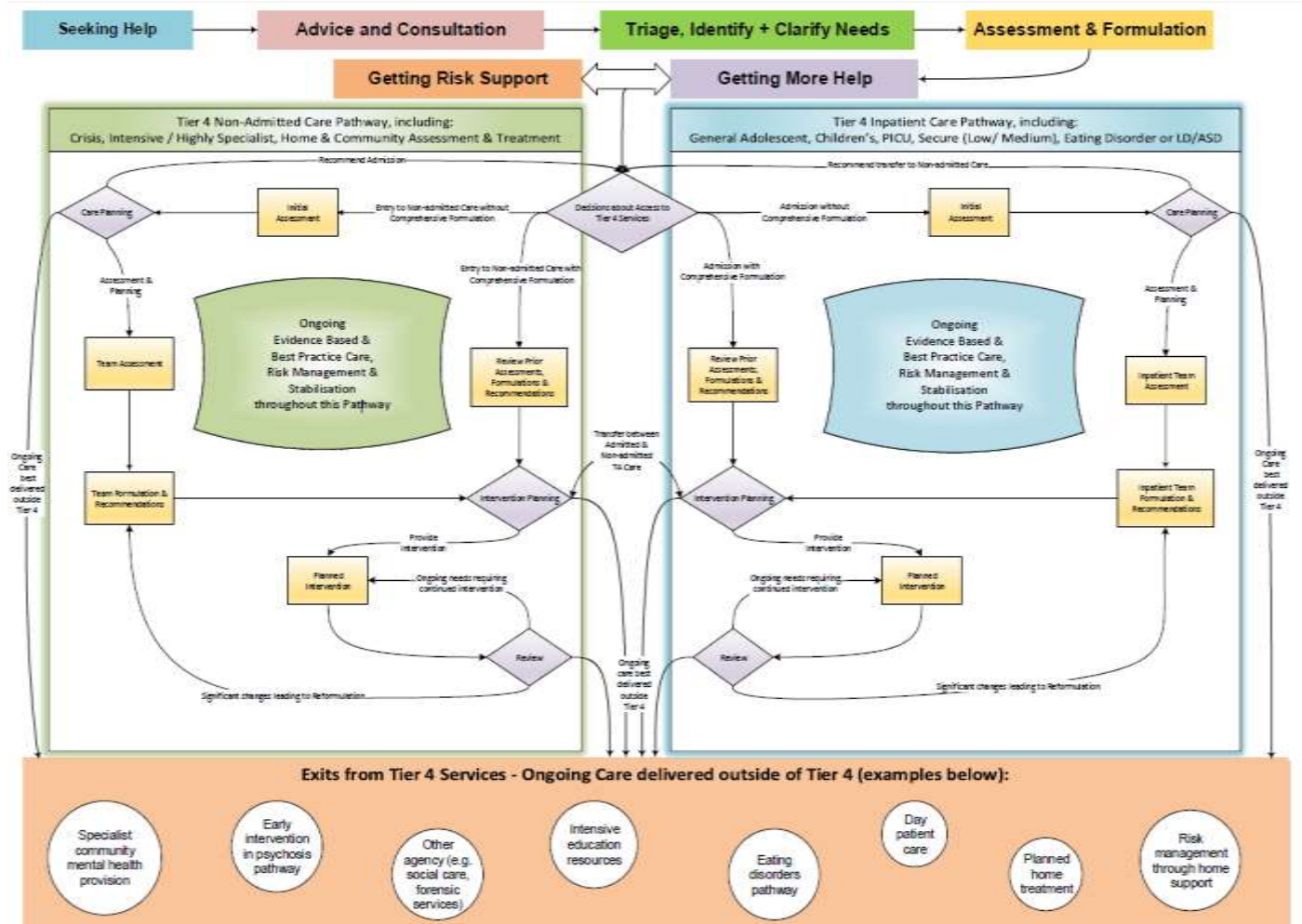
3. COMMUNITY FORENSIC CAMHS

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.fcamsnw@nhs.net	0161 358 0586	Full Clinical Service: October 2017
	Yorkshire and Humber FCAMHS	South West Yorkshire Partnership Trust (SWYPFT)	www.yorkshireandhumbercamhs.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.eastmidlandscamhs@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

Region	Service	Lead Provider	Referral Email	Referral Phone No.	Mobilisation Schedule
	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

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/>