Freedom of Information Request

Reference Number: EPUT.FOI.18.564
Date Received: 11 May 2018

*Note to Applicant: As of 1 April 2017, North Essex Partnership University NHS Foundation Trust (NEP) and South Essex Partnership University NHS Foundation Trust (SEPT) merged to form one new organisation known as Essex Partnership University NHS Foundation Trust (EPUT).

Information Requested:

1. Please could you provide a copy of your threshold criteria/protocol/guidelines for access to community (Tier 2), specialist community (Tier 3) and inpatient (Tier 4) (whichever is applicable) CAMHS in your area, including any specific service thresholds for certain conditions such as eating disorders?

Please note that former NEP and former SEPT ceased to provide CAMHS Community Services (Tier 2 & 3) with effect from 1 November 2015. EPUT currently only provides Tier 4 inpatient Child and Adolescent Mental Health Services.

For all admissions a Form 1 needs to be completed and sent to the generic email address:

Gatekeeping Arrangements – Admission to Longview (Longviews age range is from 13 years and up to 18 birthday).

Prior to offering admission the following factors should be considered:

- The Young Person is registered with an Essex/Suffolk GP (or those governed by a Service Level Agreement (SLA))
- In the event of the home base not being stable on admission, it is expected that a Young Person will have a nominated Community Social Worker (in accordance with an SLA)
- Legal responsibility for the care of the Young Person should be clearly defined
- To ensure that for each new contact, basic demographic information related to the Young Person is recorded including their name, age, ethnicity, address, name of primary carer, GP and their school. Any gaps in this information are passed back to the referrer for information. Where information remains absent, this may delay assessment or admission. Gaps in information will be passed on to the relevant authority
- Where it is established during the course of an assessment, it is established that the Young Person is not attending school; the Local Authority will be alerted

The triage 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

Triage outcome options:-
- Home Treatment under the care of EWMHS if indicated by Risk Assessment
- Admission to generic inpatient unit
- Admission to intensive care inpatient unit
- Recommend alternative Specialist placement
- Remain in existing placement with consultation regarding treatment options

Out of hours:
If an admission is the required outcome from this assessment, the on call Manager for the Trust will need to be notified.

Transfer Admissions:

- There may be occasions when a Young Person has been transferred to a PICU either at the St Aubyn Centre or to another CAMHS Provider. In these instances this Young Person may require stepping down to a Generic Adolescent Ward

- A transfer may also be requested from a different Generic In Patient provider where a Young Person has been required to have had an admission out of the local area due to no bed availability

- If the Young Person is over the age of 17 then consideration may be given to admit the Young Person to an adult ward as an alternative. This will depended upon an age appropriate assessment and again a comparison of risk probability between an admission to Larkwood or admission to an Adult in patient ward

Gatekeeping Arrangements – Admission to Larkwood

Admission and detention in a locked environment constitutes a fundamental loss of freedom for an individual. PICU staff need to work collaboratively with referring services to ensure that admission is appropriate to the individual’s needs. There should be no more restrictions on a person’s freedom than is warranted by his or her clinical condition.

The PICU has a primary role in helping patients (and mental health services) successfully overcome the challenges and risks presented by disturbed behaviour. Whilst much of the rationale for admission to the PICU can be measured in behavioural terms, it is also accepted that assessed increased need, or risk, as a result of acute symptoms may also form a reasonable basis for PICU admission.

Patients admitted to the PICU should exhibit mental state or clinical behaviour which seriously compromises their physical or psychological well-being, or that of others, and which cannot be safely assessed or treated in a generic adolescent in-patient facility.

The behaviour that results in the need for admission to the PICU will be as a direct result of an acute mental health condition, or an acute exacerbation of and existing mental disorder, which is expected to respond to the treatment approaches available to the PICU in a relatively short period of time.

Inclusion Criteria for admission to Larkwood:

- A Young Person must be between the age 13 to 18
- A Young Person must be detained under the appropriate completed assessment/treatment section (not admitted under Section 136) of the MHA 1983.
- High Risk to self
- High Risk to others
- Non Compliance with treatment
- Forensic history
- Absconding risk
• Significant conduct Problems.

Exclusion Criteria:

• Children under the age of 13 should not be admitted to Larkwood
• The Young Person is assessed as presenting too high an internal or perimeter security risk for the PICU type, requiring Low or medium Secure Unit.
• The patient has a primary diagnosis of substance misuse and the primary purpose of admission is solely to prevent access to substances.
• The patient has a primary diagnosis of Learning Disability (LD) and requires a specialist LD facility;
• The patient is restricted (subject to restrictions under the MHA 1983, via the courts, prisons or Ministry of Justice) and has no clear pathway or provision for transfer from the PICU once clinically warranted;

Eating Disorder:
Maximum of 2 patients per ward who require NG tubing
Admit where the young persons physical health is severely compromised requiring medical stabilisation and refeeding where this cannot be safely undertaken in a community setting and where their physical health does not require a General Hospital intervention.

Out of hours:
If an admission is the required outcome from this assessment, the on call Manager for the Trust will need to be notified.

2. For each of the last five years since 2013/14, how many children and young people have been referred to community (Tier 2), specialist community (Tier 3) and inpatient (Tier 4) (whichever is applicable) CAMHS in your area?

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3. Has there been a rise in the rate of referrals over the last five years since 2013/14?
   Please see response to Question 2

4. What percentage of referrals to CAMHS services have been rejected or deemed inappropriate in the last financial year for which figures are available?
   17.9%

5. Please tick the reasons for refusal:
   a. Condition not serious enough to meet threshold for access to service
   b. Duration of condition not long enough (please state if you have a specific time limit)
   c. Condition or situation not suitable for CAMHS service intervention (eg child does not have a diagnosable mental health condition)
d. Service lacks capacity to support the patient at this time  
  e. Existence of co-morbidity which excludes support from your service (eg substance misuse)  
  f. Young person above 18  
  g. Other (please state)  

The Trust is unable to provide a response to this question as it does not hold the data in this way.

6. Do you wish to make any further comments on the issue of referral to children’s mental health services?  
N/A

7. What is your maximum waiting time in days for CAMHS from a) referral to first appointment and b) referral to start of treatment in 2017/18 or the most recent financial year available?  
N/A to Tier 4

8. What is your median waiting time in days for CAMHS from a) referral to first appointment and b) referral to start of treatment in 2017/18 or the most recent financial year available?  
N/A to Tier 4

9. If you collect the above information in weeks please could you state whether your measure of a week is equivalent to seven days? If you collect the information in months please could you state the number of days in each month?  
N/A to Tier 4

10. What is your procedure regarding referrals to specialist CAMHS who are rejected or deemed inappropriate? Please select all that apply:  
    a. No action taken once referral is rejected or deemed inappropriate  
    b. Inform referrer that young person was not accepted into treatment  
    c. Signpost young person/parent/carer/young person’s school/young person’s GP to another service that is more appropriate  
    d. Contact signposted agency on behalf of the young person/parent/carer  
    e. Follow-up with young person/parent/carer/school/GP about whether the young person is accessing the signposted service or another service  
    f. Other (please specify)

11. Do you wish to make any further comments on the issue of rejected referrals to children’s mental health services?  
Following triage of the referral the referrer is informed of the outcome and reason for rejection.

If we deem that the bed being requested is not appropriate an alternative type is suggested e.g., referrer requesting PICU and from the information received we deem a generic bed more suitable.

We may also request to undertake a table top assessment for further information on the referral and suitability for the environment and patients’ needs.

Local patients take priority over out of area.