Healthy London Partnership

Children and Young People's Mental Health Crisis Peer Review - Summary Findings Report

November 2018

Supported by and delivering for:

Public Health England

NHS

LONDON COUNCILS

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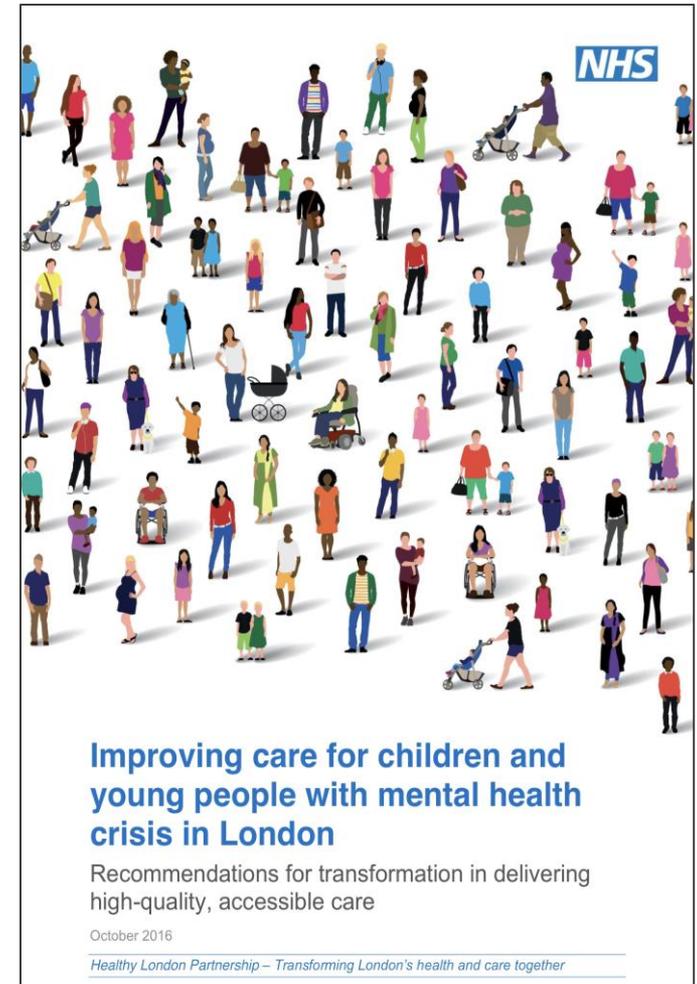
London's NHS organisations include all of London's CCGs, NHS England and Health Education England

Background

In October 2016 we published our **CYP mental health crisis guidance**.

The purpose of this guide is to support the development of accessible, consistent and effective care for children and young people experiencing a mental health crisis in London. It contains *seven recommendations*, alongside indicative timelines, for commissioners/providers to implement to improve care for CYP with mental health crisis:

1) Meet previously defined standards
2) A Safety and Coping Plan (SCP) for all CYP
3) Working towards a 24/7 service
4) Effective Governance
5) Sign off and publish clear local guidelines
6) Improved education and training
7) Health Based Place of Safety (for CYP on s136)

Improving care for children and young people with mental health crisis in London

Recommendations for transformation in delivering high-quality, accessible care

October 2016

Healthy London Partnership – Transforming London's health and care together

https://www.healthylondon.org/resource/improving-care-children-young-people-mental-health-crisis-london/

Self-assessment and peer review development

Self-assessment

In April 2017, each of the 32 CCGs in London completed a self-assessment template against the 7 recommendations (23 sub statements) in the HLP crisis mental health guidance.

Analysis of responses showed there was **variation in mental health crisis pathways** and that **none of the recommendations were routinely met across London.**

Peer review development

A steering group was established which developed a process, using the HLP acute paediatric peer review (undertaken during 2016/17) as a foundation, that was:

- **focused on the CYP mental health crisis pathway**
- **supportive in nature** helping pathways identify where they are meeting guidance, provide feedback to enable recommendations to be met and test the self assessment undertaken
- **clinically led** but included other stakeholder groups within each panel (e.g. Police and commissioning)
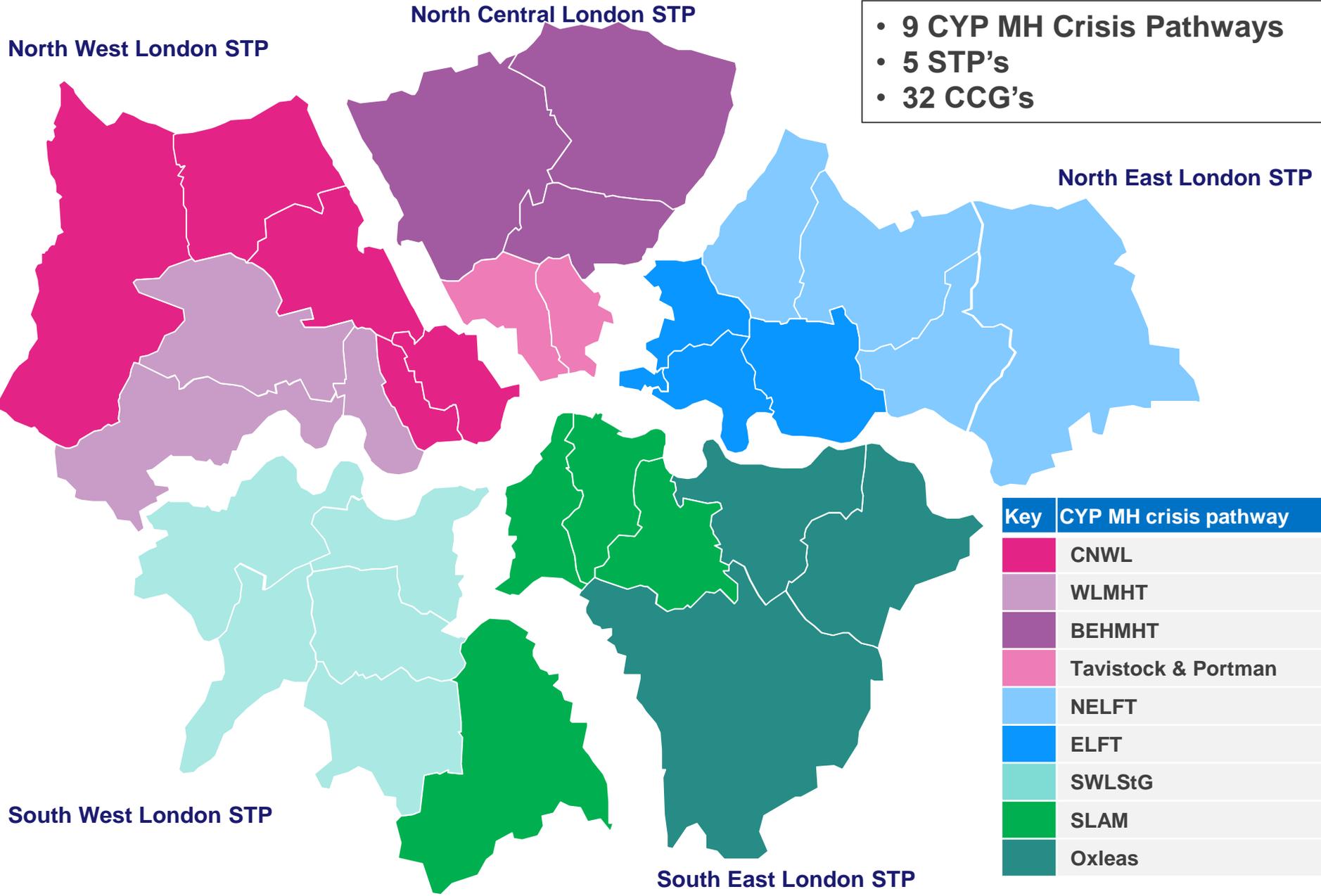- **formative and allowed positive practice to be shared**

Two pilot peer review visits were undertaken in November and December 2017 (SWLStG and ELFT) to test the process. Learning from pilots used to adapt process.

The remaining seven peer review visits were undertaken between January and May 2018 (CNWL, SLAM, BEHMHT, NELFT, WLMHT, Oxleas and Tavistock and Portman).

Feedback was provided by a panel at each visit including both positive reflections and development recommendations. A summary report has been shared with each pathway following the visits.

The findings in this report are as at the time of the peer review visits.

CYP mental health crisis pathways mapped

North West London STP

North Central London STP

North East London STP

- **9 CYP MH Crisis Pathways**
- **5 STP's**
- **32 CCG's**

South West London STP

South East London STP

Key	CYP MH crisis pathway
	CNWL
	WLMHT
	BEHMHT
	Tavistock & Portman
	NELFT
	ELFT
	SWLStG
	SLAM
	Oxleas

High level view of provision across London

Pathway	Extended hours service	OOH	AOT / HTT	Crisis line	Crisis line (CYP Dedicated)	HBPoS Dedicated CYP suite(s)	All age suite(s)	ED
CNWL	X HTT to be established 8am-8pm (7 days)	CAMHS Liaison Nurses, CAMHS SpR on call & Duty SHO	X HTT to be established 8am -8pm (7 days)	✔	X	X St Charles Hosp extension - 1 CYP bed	X St Charles Hospital has 1 bed for use by adults	✔[4]
WLMHT	X New model & proposed (9am-9pm M-F)	**Hounslow & Ealing**-CAMHS Liaison Nurses , CAMHS SpR, CAMHS Consultant on call & adult psych liaison **Hammersmith & Fulham (H&F)**-CAMHS SpR, CAMHS Consultant on call & adult psych liaison	X AOT proposed 9am-9pm)	✔	X	X St Charles Hosp extension- 1 CYP bed	✔Hounslow [2] ✔Ealing [1-female] ✔H&F [1-male]	X
BEHMHT	X	**North Mid:** oncall CAMHS tel advice only **Barnet:** oncall CAMHS (NCL) tel advice only & duty core trainee	✔ Enfield & Haringey AOT (9am-5pm M-F) X Barnet	✔	X	X	✔ Chase Farm 1 suite for high risk patients (13 yrs+)	✔[2]
Tavi & Portman	X	3 acute sites have Speciality Trainee on child psych rota & consultant on call rota.	✔CAISS & Islington AOT (9am-5pm M-F)	X	X CAISS tel consult , Advice line (Islington) 9am-5pm M-F	X	X	✔[3]
NELFT	✔HTT 24/7 365/7	**3 acute sites:** All age psych duty doctor. **Whipps Cross:** also SpR from GOSH **Queens/King George:** also consultant on call HTT assessments	✔ HTT 24/7 365/7 ✔ NTERACT AOT (9am-5pm weekdays)	✔Soft transfer from NHS111 in place	✔	X	✔Goodmayes Hospital 2 adult suites CYP can use	✔[3]
ELFT	X plans funded to establish 9am-11am (M-F) & 10.30-2pm (wkend)	**Homerton:** CAMHS consultant on call, psych junior docs with SpR on call cover (via GOSH) **Royal London:** RAID, Duty Dr, CAMHS SpR **Newham:** no specific focus at peer review	X	✔City&Hackney X Newham & Tower Hamlets	X	X	✔Newham 1 suite X City&Hackney adult suite only	✔[3]
SWLStG	X planned AOT hours extension	Core trainees, SpR & on call CAMHS Consultant	✔planned AOT hours extension (9am-5pm to 9am-8am M-F)	✔	X in development across 12 South London boroughs	X	✔ 2 suites	✔[4]
SLAM	✔Croydon(8am-10pm M-F & 9am-5pm Sat) X Lewisham, Southwark & Lambeth	On site core trainees & CAMHS specialist trainee. On call CAMHS Consultant, CAMHS Manager & hospital director	✔Supported Discharge Service (SDS) 8am-8pm (7 days)	✔	X in development across 12 South London boroughs	✔1 suite part of 6 suite unit	X	X
Oxleas	✔Greenwich (8am-7pm) X Bexley & Bromley	**Greenwich** (7pm-8am M-F & 24 hrs wkend)& **Bexley** (5pm-9am & 24 hrs wkend) Oxleas Duty Junior Dr, SpR oncall & tel oncall CAMHS Psych **Bromley** (5pm-10pm M-F & 8am-10pm wkend) Bromley CAMHS on call. 9pm-9am M-F & 9pm-8am wkend Oxleas Duty Junior Dr, SpR oncall & tel oncall CAMHS Psych	✔Bexley & Greenwich - outreach X Bromley	✔	X in development across 12 South London boroughs	X	✔Oxleas House (QEH) & Green Parks House (PRUH)	X

Key
OOH - Out of hours
AOT - Assertive Outreach Team
HTT - Home Treatment Team
HBPoS - Health Based Place of Safety

ED - Emergency Department
SpR - Specialist Registrar
CAISS - Camden Adolescent Intensive Support Service
M-F - Monday to Friday

Wkend - Weekend
RAID - Rapid Assessment Interface Discharge
SHO - Senior House Officer

Models

Findings:
- Mixture of traditional (clinic based) and new models in place - assertive outreach teams (AOT)/home treatment teams.
- Variation in models across borough CAMHS teams provided by the same MH provider.
- Variation in commissioning of and provision of paediatric liaison teams in acute settings. Liaison where in place improves links between CAMHS, paediatrics and emergency department staff.
- Emergency departments attendance is often the first response of e.g. GP's and schools.
- Huge variation between in-hours/out of hours (OOH) operating hours and workforce, even within neighbouring boroughs provided by the same CAMHS provider.
- Offer to 16-17 years sometimes limited and these young people often fall between paediatric and adult services.
- OOH services/rotas often cover a large geography which can affect response times.
- Some instances of Single Point of Access (SPoA) across boroughs (generally at borough level).
- In most places demand was getting greater whilst capacity was staying the same.

Recommendations:
- Roll out consistent model offering across boroughs to reduce variation including extended hours arrangements. This will improve cohesiveness of community CAMHS.
- Develop roadmaps which detail the whole CYP mental health crisis pathway for all stakeholders.
- Roll out competency frameworks for in hours and OOH staff (e.g. CNWL).
- Consistency in paediatric age cut offs in emergency departments and paediatric wards, and alternatives to being admitted on paediatric wards without CAMHS assessment.
- SPoA roll out across providers which is the same in hours and OOH (could divert to CAMHS teams).
- Undertake demand and capacity reviews across CAMHS (tools available) to help resource distribution.
- Review the use of emergency department and paediatric ward areas as to whether private areas could be utilised to provide mental health assessments.

Positive practice (not limited to but including):
- NELFT - INTERACT (AOT) has led to a shift to more urgent referrals than emergency referrals since inception.
- SLAM – Supported Discharge Service (SDS) and Dialectical Behaviour (DBT).
- Tavistock and Portman – Camden Adolescent Intensive Support Service (CAISS) – in hours AOT.
- Physical environments at Chelsea and Westminster and Royal Free hospitals.

Tier 4 CAMHS

Findings:

- Paediatric ward utilisation for short term stays and crisis stabilisation but varied arrangements and age cut offs (some paediatric wards up to 16 years, others up to 18 years old).
- NMoC (Tier 4 CAMHS) in place in two areas (NWL and South London Partnership) and plan to reduce length of stay and out of area placements. Plan to use efficiencies to improve prevention, early intervention and crisis pathways.
- Plan to roll out a NMoC across North Central/East London footprint.
- Some instances of CYP not having support plans in place once return to local areas following out of area (OOA) Tier 4 inpatient stays.

Recommendations:

- Support acute sites to admit patients to paediatric wards when appropriate, where this is not currently possible.
- Bed management team provision should be in place across all Tier 4 CAMHS teams:
  - ➢ provides economies of scale
  - ➢ allows clinicians to treat patients rather than trying to find beds.
- Develop discharge plans in collaboration with other CAMHS Tier 4 inpatient services when required.

Positive practice (not limited to but including):

- NELFT – Young Person's Home Treatment Team (YPHTT) provides AOT via a hospital at home model and is available 24/7 365 days a year. It also acts as a gatekeeper for the inpatient ward and prevented 200 inpatient stays in one year (2017).
- NELFT inpatient facilities at Brookside Unit and turnaround plan (refurb and recruitment campaign) has led to an outstanding CQC rating for child and adolescent mental health wards.
- Enfield Alliance (AOT) have reduced operating bed days (OBDs) by 43% from 2009/10 to 2016/17.
- South London Partnership had improved relationships, shared learning and led to shared policies (e.g. escalation policy), and decreased the number of inpatient admissions and OOA placements.
- Bed management teams in place at BEHMHT, SLAM, CNWL and NELFT.

Health Based Place of Safety (HBPoS)

Findings:
- HBPoS is predominately in emergency departments.
- Some instances of CYP suites within dedicated HBPoS but not commonplace.
- CYP are able to utilise adult HBPoS when available but not always.
- HBPoS policies are generally in place but do not cover all HBPoS locations in a local area.
- All appropriate partners have not been involved in the development of or are aware of the HBPoS policies.
- Planning for legislation changes (enacted December 2017) not undertaken in every pathway and as a result policies have not been updated.
- Police don't always know the phone number to call.
- Some CYP mental health street triage with police in place.

Recommendations:
- All age HBPoS development, with dedicated CYP suites, across each STP.
- Review align the s136 pathway in each emergency department until STP all age solution in place.
- Develop a consistent local s136 policy* in collaboration with partners for implementation across all HBPoS sites in an STP area, which meets legislation requirements
- Ensure there is appropriate engagement on HBPoS policies so all appropriate staff are aware of the policies.
- Undertake a gap analysis against the *'HLP Mental Health Crisis Care for Londoners – London's s136 pathway and HBPoS Specification'*
- Provide one direct phone number for police to ring for advice.
- Offer multiagency training opportunities to all staff including Police.
- Invite police representatives to attend relevant meetings.

Positive practice (not limited to but including):
- SLAM – one HBPoS facility for four boroughs including a CYP suite developed to the above HLP HBPoS specification. Initial evaluation showed that centralisation had started to yield better outcomes for CYP (longer term evaluation underway). Police onsite at all times.
- SWLStG – two all age HBPoS suites which can be used by CYP.
- Oxleas have one phone number (mobile phone) for Police to call for advice.
- City and Hackney/Wandsworth mental health street triage with Police - reducing no. of inappropriate s136's.
- Camden Liaison Diversion CAMHS nurse in Police stations which has improved the ability to seek advice, engagement with Police and their understanding to the pathway.

*Aligned with HLP Mental Health Crisis Care for Londoners – London's section 136 pathway and HBPoS specification

Crisis line, Safety and Coping Plans, participation and info available

Findings:
- Most crisis lines in place are predominately for use by adults.
- Crisis line staff not always CAMHS trained even though some of the calls relate to CYP.
- Variation in Safety and Coping Plan (SCP) usage and some instances where CYP and families are not given a physical version.
- Number of different SCP used.
- SCP if in place not always shared or available for other partners to access.
- Some CYP/families were unaware that a SCP is in place.
- Plans in place to develop/roll out a single SCP for use across pathway (e.g. CNWL/WLMHT)
- Varied participation with CYP and families in place.

Recommendations:
- Train crisis line staff in CAMHS and signpost crisis lines as all ages.
- Bring together multiple participation groups together for sessions. Develop a consistent participation structure across each borough.
- Review and improve CAMHS sections of trust websites.
- Develop safety cards (business cards) to give to CYP/families with important telephone numbers on.
- Develop a consistent SCP used across each borough, which is available in physical and electronic formats.
- Signpost the SCP and make clear what information is being provided to them.

Positive practice (not limited to but including):
- Development of a dedicated CYP crisis line to cover South London (12 boroughs) and pilot in 2 boroughs.
- ELFT safety cards (business card) with important information on and handed to CYP and families.
- Participation in Bromley, Bexley and Greenwich (5 different groups).
- Oxleas 'Bursting Stigma' initiative and films created ('I got this letter') led by a participation worker. SWLStG - CAMHS Participation Officers and Children's Council
- Text based service (Enfield CAMHS, Barking and Dagenham CAMHS) has led to positive engagement/interaction with CYP.
- NELFT patient information available in a number of different formats and languages.
- NELFT information about patient rights for CYP and professional guidance.

Voluntary sector, primary care and schools

Findings:
- Voluntary sector organisations and their support offerings not always signposted.
- Instances where consultant mobile numbers have been provided to GP's and variation in utilisation.
- Primary care engagement is generally weak across most pathways.
- Variation in schools engagement, links and support offering from CAMHS.

Recommendations:
- Signpost all local voluntary sector organisations and their support offering.
- Embed learning from CAMHS schools link pilots.
- Greater engagement with schools and primary care so they are clear of the pathway for CYP in MH crisis and which phone numbers to call for advice, rather than automatically sending CYP to emergency departments.
- Commission a standardised MH support offer to schools across boroughs.
- Develop a training offer and protocols for schools.

Positive practice (not limited to but including):
- Brandon Centre (Islington) counselling
- Lambeth Well Centre (partnership between Redthread and Herne Hill Group Practice) – provide support, counselling, drop in sessions and outreach sessions to CYP in the community
- Kooth (available in 9/32 boroughs) provide online counselling and other support to CYP.
- CAMHS School Link Pilot areas (Waltham Forest, Tower Hamlets, Haringey, Camden, Hammersmith and Fulham, City and Hackney and Croydon).
- Barnet Resilient Schools Programme – 10 mental health specialists allocated to schools (aims: de-stigmatise MH in schools and support students, parents, carers and staff).
- Enfield deliberate self-harm protocol for schools.
- NELFT emergency department diversion by closer working with schools and providing easier access to emergency assessments.

Workforce and Training

Findings:

- Lack of cohesion across physical and mental health training offerings.

- Recruitment and retention issues particularly in outer London boroughs.

- Issues and poor experience for CYP and families with RMN's.

- Where adult mental health services provide cover, particularly OOH, specific CYP mental health training not always provided.

Recommendations:

- Develop a consistent training programme across all sites in the pathway.

- Develop CAMHS recruitment and retention initiatives.

- Develop an agency CAMHS protocol for RMN staff.

- Train adult mental health staff where required in CYP mental health.

Positive practice (not limited to but including):

- We Can Talk training rolled out to paediatric staff at 6 sites and plans to roll out at a further 2 sites. Improves confidence and competency of paediatric staff caring for CYP with mental health condition.

- CNWL – recruitment of band 4 Crisis Intensive Support Workers who focus on engagement with CYP/families and assist with administration/data collection.

- NELFT – nursing rotation across CAMHS and Paediatrics.

- Newham council - initiatives to improve incentives to recruit/retain staff.

Assessment and Social Care

Findings:

- Many examples of assessment tools and proforma's rolled out but use not mandated.

- Some instances of genuine joint policy's and protocols across providers/acute sites (e.g Tavistock & Portman).

- Some examples of genuine joint working with social care but not the norm.

- The ability to undertake joint assessments with social care depends on availability (particularly OOH).

Recommendations:

- Mandate use of assessment tools/proforma's.
- Standardise processes and pathways across acute sites.
- Develop a social care pathway and implementation plan for CYP with social care representatives using the Social Care Institute for Excellence (SCIE) 'Improving mental health support for our children and young people' guidance published in Autumn 2017.
- Improve social care engagement and/or develop training for staff to understand the social care process, including follow up and what to expect from the emergency duty team and vice versa training for social care staff in CYP mental health and crisis.

Positive practice (not limited to but including):
- NELFT agreement to share records with social care on a portal.

Governance and data

Findings:
- Governance structures across CAMHS in place.
- Lack of joint governance structures/processes in place across pathways.
- Some examples of CYPMH crisis reporting to Board level but not commonplace.
- Some good examples of data collection and reporting but some areas where this requires improvement.
- Evidence of shared learning, particularly following serious incidents.
- Evidence of feedback loops following incidents.

Recommendations:
- Develop a corporate identity for CYPMH crisis service across sites and partners.
- Extend one meeting within the CAMHS governance structure to include external partner representatives.
- Improve engagement across the pathway and communications across partners (e.g. Police, Primary Care, Schools)
- Develop pathway away days to share learning and offer training.
- Embed data audits across the pathway.
- Centralise data collection.
- Development of regular reporting to commissioners to include crisis pathway updates/data.
- Test the feedback loop/communications channel is working.
- Develop the ability to share relevant learning from Child Death Overview Panels (CDOPs) to the pathway.

Positive practice (not limited to but including):
- SLAM research and data projects are being used to drive transformation of crisis care/ self harm.
- SLAM feedback loop and engagement process includes all staff including e.g. security/reception staff
- CNWL OOH data reporting (quarterly)
- Oxleas - Quality Street newsletter for CAMHS staff which contains new policies, risks and has received good feedback from staff.
- Oxleas shared learning event following a serious incident. Although attendance was not mandatory, staff were expected to attend.

Commissioning and STPs

Findings:

- Crisis care is a priority area for transformation in CCGs and STPs.

- 31/32 CCGs commission CYP mental health crisis provision.

- In Barnet where no service is specifically commissioned there is a crisis service (funded partly by CAMHS and at risk) which makes the best use of resource available.

Recommendations:

- Commission a crisis service in all boroughs.

- Utilise the STP governance structure to be the transformation hub for crisis care.

- Establishment of task and finish/steering groups (linked to governance structures) with representatives from different partner organisations, to develop an action plan to implement recommendations from peer reviews.

- Providers and partners undertake self-assessment using the HLP CYPMH guidance recommendations template to review progress towards achievement of the recommendations (every 6 months).

Positive practice (not limited to but including):

- NCL STP - CCGs (5) in have agreed to fund CYP MH Crisis Pathway transformation jointly (£100k each).

General themes and next steps

General themes:

- The process and feedback provided was well received.
- Multiple members of peer review panels learned about another pathway.
- Learning shared with those being peer review.
- It was clear representatives from across the pathways know what the challenges are and what is working well.
- There has been some progress in transforming the crisis pathways but there is still variation in place across boroughs.
- CYP and family feedback showed that CAMHS staff are positive and provide good support.
- NCL STP have added some of the highlighted recommendations to their CYP MH work plan.
- An issue escalated at the Oxleas peer review visit has led to the development of a task and finish group to address the issue raised.

Next steps:

- Support STP areas to develop action plans to enact recommendations.
- STP areas to submit action plans to HLP CYP Transformation Board for approval.
- Reconvene the crisis task and finish group to develop a physical and electronic safety and coping plan for roll out across all CYP mental health providers.