Healthy London Partnership

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

Recommendations for transforming the delivery of high-quality and accessible care

November 2020

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1. Foreword

In October 2020, new data revealed that one in six 5 to 16-year-olds in England have been identified as having a probable mental health disorder[1]. This figure has increased from one in nine in 2017 and means that around four children in every classroom across London experience poor mental health. Some groups, such as looked after children and care leavers[2], might be more vulnerable to poor mental health. With half of all mental health problems established by the age of 14[3], it is vital that children and young people (CYP) have prompt access to mental health services, including crisis services.

As a result of the COVID-19 pandemic, many experts are warning of an increase in mental ill health, including among CYP, as well as recognising the knock-on effect on the education and job prospects of the younger generation for many years to come. **In June 2020, the Children's Commissioner found that more than half of 8 to 17-year-olds (55%) had felt stressed since schools closed[4] whilst, in a YoungMinds survey of 13 to 25-year-olds with a history of mental health needs, 80% reported that their mental health has deteriorated due to COVID-19[5].** According to real-time surveillance by the National Child Mortality Database, child suicide deaths in England may have increased during the first COVID-19 lockdown[6].

The NHS Long Term Plan (2019)[7] sets out the priorities for children and young people's mental health services (CYPMHS) and this includes expanding timely and age-appropriate mental health crisis services that "will improve the experience of children and young people and reduce pressures on accident and emergency (A&E) departments, paediatric wards and ambulance services". We acknowledge the ambition of the NHS Long Term Plan throughout these guidelines.

For the purpose of these guidelines, Healthy London Partnership (HLP) uses the following definition of mental health crisis:

A mental health crisis is a situation in which a child, young person, family member, carer or any other person requires immediate support, assistance, and care from an urgent and emergency mental health service. This includes situations where there is significant intent or risk of harm to themselves or others.

The term **'CYPMHS' (Children and young people's mental health services)** is used throughout these guidelines rather than CAMHS (Children and adolescent mental health services), which is an older term for the main specialist NHS community service within the wider CYPMHS that may be available locally[8].

A mental health crisis can be as devastating and as life-threatening as a physical health emergency. Unfortunately, the care provided to CYP in London who present in mental health crisis can be fragmented, delayed, does not address their needs, and adds to their feeling of stigma – all of which can lead to a worse outcome. For 16 and 17-year-olds in crisis who go to A&E, there is an additional concern that they might get lost in the transition from child to adult services in acute care.

The long-term impact of failing to provide effective mental health care in childhood are well recognised. It can affect education, careers, relationships, physical health, and general quality of life. When crisis response is done well – with the engagement and support of mental health services and other local partners – it can have a positive impact on the future wellbeing of children and young people and also improve their perception of CYPMHS.

HLP acknowledges that transforming the delivery of children and young people's mental health has to be led locally, by professionals from across the NHS, public health, local authorities, education and other organisations, working closely with CYP and their families. **In these**

guidelines, we signpost the work of partner agencies, including local authority children's services and local CYPMHS, so that transformation governance groups can use them to consider the wider multi-agency response to crisis and support the provision of high-quality accessible care without stigma. It is our view that inter-agency cooperation and joint working, including co-production of services with CYP and their parents and carers, is essential to ensure that CYP receive the best possible service when they present in crisis.

We first produced these guidelines in October 2016 to support the development of high-quality, accessible, consistent, and effective care for CYP in mental health crisis across London. It is part of a body of work by HLP that provides guidance on all aspects of crisis care, including emergency health and typically "NHS" care. The original guidelines were built on findings shared with Commissioners as they developed Local Transformation Plans (LTP) for Children and Young People's Mental Health and Wellbeing in Autumn 2015.

In April 2017, all 32 Clinical Commissioning Groups (CCGs) in London completed HLP's self-assessment template[9] to determine their compliance with the seven recommendations in our 2016 guidelines. Analysis of responses showed there was variation in mental health crisis pathways for CYP and that none of our recommendations were routinely met across London. We followed up by conducting a peer review[10] of nine CYP mental health crisis pathways in London (2017/18). **With the COVID-19 pandemic highlighting the importance of mental health crisis care and having seen the swift delivery across the system of all-age mental health crisis lines**, we have now updated this document.

We ask Commissioners to enact our updated recommendations within their CYP Mental Health and Wellbeing Strategic Plan and within the urgent and emergency care component of their Sustainability and Transformation Plan (STP). This will help to ensure that children and young people's mental health and wellbeing is fully supported, as set out in the NHS Long Term Plan, Five Year Forward View for Mental Health, and other implementation guidance. Urgent and Emergency Care Networks and providers should also support the design, delivery, and assurance of improved crisis care, using the voice of CYP and those who care for them.

Providing a 24/7 CYP mental health workforce, including CYPMHS professionals, appropriately trained adult mental health service (AMHS) professionals and partner agencies, that can deal with crisis is challenging. But it is something that local models of service delivery should be able to achieve. It is not acceptable that a child or young person might be admitted to an inpatient paediatric ward on a Friday and still be waiting for a CYP mental health assessment the following Monday. **A 17-year-old in crisis should not fall through the gap between CYPMHS and AMHS. The entire workforce caring for CYP requires the knowledge, skills, and competencies to play their part in delivering developmentally appropriate and timely care.**

Healthy London Partnership Children and Young People's Mental Health Programme

November 2020

2. Executive summary

A mental health crisis is a situation in which a child, young person, family member, carer or any other person requires immediate support, assistance, and care from an urgent and emergency mental health service. This includes situations where there is significant intent or risk of harm to themselves or others.

These guidelines support the development of high-quality, accessible, consistent, and effective care for children and young people who experience a mental health crisis in London. HLP first published these guidelines in 2016. Having conducted a self-assessment and peer review against them, there still appears to be variation in mental health crisis pathways across the capital.

This updated version of the guidelines acknowledges the impact of new strategies and policies at both a national level (e.g. the NHS Long Term Plan) and regional level (e.g. the London Mental Health Compact). It also reflects heightened awareness of CYP and mental health, including crisis care, because of the COVID-19 pandemic.

Being in crisis is often the first reason for a child or young person to present to mental health services. It is rarely due to a mental health problem alone and often involves other factors, such as difficulties in family relationships, stress about housing, money, and education and difficulty accessing appropriate care where they live. CYP with learning difficulties frequently experience difficulties in accessing care. **A pure "health" or NHS response is not likely to resolve the crisis and its causes.** Therefore, all contact with CYP in crisis must explore their lives more broadly.

These updated guidelines include the following **13 recommendations, which we encourage Commissioners to enact within their CYP Mental Health and Wellbeing Strategic Plan and within the urgent and emergency care component of their Sustainability and Transformation Plan (STP).** Although we refer to some specific scenarios in this document (e.g. where a 16 or 17-year-old requires an inpatient bed), we are not able to cover every individual situation that might occur. We hope our recommendations will help to provide a focus for key stakeholders and inform local plan development.

Our recommendations:

1. Meet previously defined standards
2. Develop a Safety and Coping Plan
3. Provide a 24/7 service
4. Ensure effective whole system governance
5. Sign off and publish clear local guidelines
6. Provide education and training
7. Offer a designated Health Based Place of Safety
8. Use acute ward beds (paediatric and adult) as short-term inpatient facilities
9. Enact the London Mental Health Compact for CYP
10. Use efficiencies from joint working to invest in local CYPMH crisis pathways (CYPMH inpatient services Provider Collaboratives)
11. Follow Care, Education and Treatment Reviews (CETR) guidance
12. Establish a protocol with Children's Social Care Services
13. Provide 24/7 crisis lines for all ages

You will also find extensive background information in these guidelines that puts our recommendations in context, such as the challenge facing CYP in crisis, what they want from crisis services and how the transition to AMHS can be managed. The importance of education and training for the health, social care and broader workforce is also covered.

Of course, CYP mental health crisis care must be led locally and delivered by multiple agencies, including the NHS, public health, local authorities, education, and other organisations, working closely with CYP and their families. **CYP want an integrated child, youth and family-friendly approach that recognises their needs as they see them, makes them feel supported, emphasises the positives and helps them to cope. CYP and their families' views are essential to designing the right care for mental health crisis.**

Where mental health services are delivered in partnership – with clear plans and good communication – children's and young people's needs are well served but this is not always the case. In the COVID era, providing the right care, in the right place, at the right time will be even more crucial.

3. Recommendations

Recommendation 1: Meet previously defined standards

Several national and regional strategies and policies – including the NHS Long Term Plan[11], the Mental Health Implementation Plan[12], the Five Year Forward View implementation plan[13] and the Mental Health Crisis Care Concordat[14] – mandate action. In addition, the Quality Network for Community CAMHS Service Standards[15] should be used to raise the bar of care for children and young people.

In London, our recommendations should be implemented in line with the London Mental Health Crisis Commissioning Standards[16], the London Acute Care Standards for Children and Young People[17] and the London Mental Health Compact[18] in order to ensure consistent outcomes across the capital. We also recommend the use of Healthy London Partnership's guidance on London's Section 136 pathway and Health Based Place of Safety (HBPoS)[19].

Particular attention should be paid to the specific needs of CYP and **annual audits** against the standards outlined in these strategies and policies should be conducted to support service planning.

We also recommend all CYPMHS have an effective review and engagement process for those who are on a waiting list, as outlined by the Care Quality Commission[20]. Not only will this improve engagement with CYP and families but also reduce the number of CYP escalating to a mental health crisis.

Recommendation 2: Develop a Safety and Coping Plan

All CYP with known mental health problems who are already in contact with services (whether by reason of a mental health disorder or circumstances) should have a **relevant and realistic Safety and Coping Plan (SCP)** (see example in Appendix 5.4). This written plan aims to **reduce the risk** of mental health crisis and **address a crisis** should it occur. It should be **co-produced** with the child or young person and their parents or carers and shared with them (in hard copy and digital format) to create a CYP/family record.

For CYP with learning disabilities and those who are autistic who are at risk of crisis, their **Care, Education and Treatment Review** (CETR) should underpin their SCP. This should ensure that the plan addresses their **communication needs** at the time it is drawn up and at the time of crisis.

The creation of Safety and Coping Plans should be led at a local level and the plan should be readily accessible when needed (e.g. by primary care, social care, and educational settings). Local digital interoperability roadmaps should support electronic availability backed up with sharing of the clinical and safeguarding records.

Recommendation 3: Provide a 24/7 service

Mental health crisis care systems for all ages should operate 24 hours a day, seven days a week and be staffed by trained professionals with knowledge of CYP needs and the link between physical and mental health. They should be co-designed with CYP, their parents/carers, acute health providers (e.g. paediatric services) and mental health providers to best meet the needs of the local area. The COVID-19 pandemic has highlighted that these systems should also have surge capacity for times when demand is high, including overnight.

Pathways for CYP requiring further inpatient physical or mental health care should be jointly developed and include **protocols for escalations** and for **managing delays** in admission/transfer to specialist beds (see all-hours pathway in Appendix 5.1). Consideration should be made of the use of incentives such as Commissioning for Quality and Innovation (CQUIN)[21] payments to support rapid transformation.

At the time of publication of these guidelines (November 2020), it is too soon to look at the key learnings of 24/7 mental health crisis care but this should be reviewed on a regular basis going forward. This might include issues such as how to deal with the logistics of night-time cover, how to ensure that crisis phone lines are appropriate for all ages and how to work more closely with AMHS crisis teams.

Recommendation 4: Ensure effective whole system governance

Visible and prominent clinical audit and governance processes should be established to ensure that crisis care issues are **reported, understood, and addressed through effective feedback and quality improvement.** These governance processes should cover **all parts of the pathway**, from primary care through the education system to the emergency services, and should include:

Recommendation 5: Sign off and publish clear local guidelines

Each local area should develop **clear, accessible guidelines** for each interaction between an acute hospital, mental health provider trust and local authority that is providing care for CYP who present in crisis up until their 25th birthday. This is in line with the commitment in the NHS Long Term Plan to create a comprehensive and joined-up mental health service model for 0 to 25-year-olds.

These local guidelines should outline the collective and individual organisational responsibility for provision, on-site care, and off-site support. They should be signed off by the local CYPMH transformation group, the CYPMH crisis pathway forum, Urgent and Emergency Care Networks and AMHS equivalents (if aged up to 25) and, where appropriate, should be collaborative across CCGs and boroughs.

Collaborative commissioning and provision arrangements should be enacted and agreed with Commissioners and local authorities. Care packages should include clear arrangements for the transfer of care onwards from the emergency department to colleagues who will be providing continuing care as outlined in Appendix 5.1. They should also ensure that CYP are screened, assessed, and managed jointly with social care. The exact balance and who leads on a multi-agency care package needs to be agreed with the CYP and their family or carers and these plans must be accessible at the point of need.

Furthermore, **care packages must be designed and resourced to address the situation where a child or young person is considered for CYPMH or acute inpatient care** (see Appendix 5.2) and must support local care if an inpatient bed is not available. They should:

- Ensure that the **correct processes and documentation are used**.
- Define **roles and responsibilities** (including social care) and **escalation arrangements.**
- Involve development of further **co-commissioning** between NHS England Specialised Commissioning, Provider Collaboratives and CCGs (see Appendix 5.5).

- Determine the **process for using acute ward beds** (pediatric and adult) as short-term inpatient facilities for all CYP (including 16 to 18-year-olds) until a CYPMH inpatient bed is located.

- Specifically reference arrangements for **looked after children and those with learning disabilities.**

- Incorporate the specific roles and responsibilities for emergency department staff in relation to crisis care.

Further guidance is provided by the Healthy London Partnership Urgent and Emergency Care Programme[22].

Recommendation 6: Provide education and training

Health Education England's mental health workforce plan[23] and the **HLP CYP Mental Health Workforce Strategy**24 highlight the importance of **training for mental health staff**. All staff who engage with children and young people, including GPs, the police, and the ambulance service, should have the knowledge, skills, and confidence to provide safe and effective clinical and emotional care. Other agencies, such as Children's Social Care Services, should also provide appropriate training on recognising mental health issues.

Training programmes should include helping mental health staff to increase their physical health skills and educating physical health staff so they can respond to mental health needs. For example, crisis line staff should receive training on the impact of physical health on mental health and everyone who works in paediatrics should do the We Can Talk training[25], which includes online and face-to-face training. It is vital to invest in training both physical health staff and mental health staff to improve governance and young people's experience of crisis care.

Training should also cover how to **support vulnerable CYP**, such as those with learning difficulties and looked after children. Relevant statutory and mandatory training as well as professional competencies should be built into current educational provision and personal development.

Joint and interagency training brings significant additional benefits by breaking down silos and increasing mutual respect and understanding. This can be further promoted by sharing information about different agency training curricula (e.g. joint agency safeguarding training).

Analysis of local training needs should be undertaken by providers and relevant syllabi developed and modified to meet that need. Working with relevant agencies, such as Health Education England, is recommended.

Recommendation 7: Offer a designated Health Based Place of Safety (specifically for CYP on a Section 136 pathway)

Under-18s detained under Section 136 of the Mental Health Act cannot be detained in a police station. Instead, they should be taken to a Health Based Place of Safety (HBPoS) – if this is not possible, there should be a local arrangement in place with e.g. the Accident and Emergency (A&E) Department.

Adequate and accessible HBPoS should be identified for CYP who present in crisis to the police and who are brought to a healthcare facility on a Section 136 pathway. The

role of a HBPoS in managing mental health crisis should be recognised by both acute and mental health trusts and joint pathways should be developed between providers. These arrangements should be signposted within STPs and should be signed off by Urgent and Emergency Care Networks. They should include networking and mitigation plans for exceptional circumstances.

Where possible, a designated HBPoS for CYP hub should be co-located with CYPMH inpatient care and have strong links with a local emergency department and acute wards (paediatrics and adult) for **management of co-existent medical problems.** It should be noted that the large majority of CYP presenting in crisis to A&E Departments are not on a Section 136 and they will require mental health care and frequently concomitant physical health care.

The HLP Urgent and Emergency Care Programme has developed all-ages guidance for the Section 136 pathway and facilities and resources required at designated HBPoS[26]. It is important that planning for CYP is integral to implementation of this guidance but consistent with these recommendations.

Please note that, due to the COVID-19 pandemic, there have been some temporary changes to the Mental Health Act[27], including the use of a Section 136.

Recommendation 8: Use acute ward beds (paediatric and adult) as short-term inpatient facilities

If a CYPMH inpatient placement is required for someone under the age of 18, acute ward beds (paediatric and adult) should be used as short-term inpatient facilities where appropriate. CYP should not wait in an emergency department until a CYPMH inpatient bed is located.

Procedures should be in place in acute care settings to ensure that 16 and 17-year-olds have access to age-appropriate mental health crisis services, even if the pediatric ward is for those aged under 16 years of age.

NICE provides specific guidance for self-harm, which states that “All children or young people who have self-harmed should normally be admitted overnight to a paediatric ward and assessed fully the following day before discharge or further treatment and care is initiated.”[28]

CYPMH inpatient staff should work with mental health system partners, including GPs and local authorities, to plan discharging patients (when appropriate) in a timely manner. Planning for discharge, working with system partners, should begin as soon as the patient is admitted.

Recommendation 9: Enact the London Mental Health Compact for CYP

CYP who present in mental health crisis need timely access to care, which might include a Health Based Place of Safety (HBPoS) and/or inpatient treatment.

Published in June 2019, the **London Mental Health Compact**[29] sets out how London’s Mental Health and Acute Trusts, Approved Mental Health Professionals, Local Authorities, CCGs, NHS England, NHS Improvement, London Ambulance Service and London’s Police services should **work together to provide high-quality care for people of all ages who are in mental health crisis.**

The Compact outlines the roles of responsibilities of individual organisations along the pathway, waiting times, reporting requirements and other key issues. **All CYPMH pathways in the capital should enact the London Mental Health Compact for CYP.**

Recommendation 10: Use efficiencies from joint working to invest in local CYPMH crisis pathways (CYPMH inpatient services Provider Collaboratives)

Historically, CYPMH crisis pathways have been delivered by a range of providers and managed by different commissioning bodies.

In line with the NHS Mental Health Implementation Plan[30], NHS-led Provider Collaboratives are "a group of providers of specialised mental health, learning disability and autism services who have agreed to work together to improve the care pathway for the local population"[31]. Provider Collaboratives might include experts from the voluntary sector, NHS Trusts, independent sector providers and local councils.

Inpatient CYPMHS Provider Collaboratives should work together to:

- **Commission high-quality CYPMH crisis pathways**
- **Take responsibility for the pathway budget**
- **Review the pathways on a regular basis**
- **Work alongside CYP and their families**

With a more integrated approach, these Provider Collaboratives will be able to focus on improving patient outcomes and experience, reducing unnecessary admissions, and advancing equality for the local population. A new framework is currently being developed to measure the effectiveness of Provider Collaboratives.

Recommendation 11: Follow Care, Education and Treatment Reviews (CETR) guidance

Every local CYP mental health system should follow the CETR guidance that is in place. This should include a local emergency CETR protocol that is known across the pathway. Convening a CETR should not delay admission or treatment for CYP in crisis.

The Care, Education and Treatment Reviews for children and young people: Code and Toolkit[32] provides commissioners with the tools to carry out CETRs so they can be delivered to a consistently high standard.

CYP with learning disabilities or autism spectrum disorder who present to health services in mental health crisis should automatically have a CETR that can support the development of a package of care and prevent admission when appropriate.

Recommendation 12: Establish a protocol with Children's Social Care Services

This protocol with Children's Social Care Services, which includes arrangements for communication outside normal office hours, should be in line with the London Child Protection

Procedures and Practice Guidance[33] and the Mental Health Crisis Care Concordat[34]. It should be agreed through the Local Children Safeguarding Partnership and performance should be reviewed regularly.

If a child or young person has complex needs but does not have a CETR, a multi-agency meeting should be convened to create a care plan that prevents ongoing crisis. It is also important that there is a close relationship with the Multi Agency Safeguarding Hub and that there are clear arrangements for exchanging information to ensure that children are diverted from unnecessary hospital admission and that they are adequately safeguarded where required.

Recommendation 13: Provide 24/7 crisis lines for all ages

The NHS Long Term Plan stated an ambition for 24/7 crisis lines for all ages to be in place by the end of 2023/24[35]. This was brought forward during the COVID-19 pandemic – in early April 2020, mental health providers in England were asked to establish 24/7 urgent NHS mental health telephone support, advice and triage as a priority if they did not already offer this service[36].

These crisis lines are available to CYP and their families, either through an all ages or dedicated CYP access point. There are plans for the telephone support to continue post-COVID, with call handlers trained in children and young people's mental health. The all age 24/7 crisis line in North Central London treats calls to the crisis line from CYP or their families as self-referrals – this is not only good practice but should be enacted by other services in London.

4. Background

4.1 What children, young people, parents, and carers want when they are in crisis

When dealing with mental health crisis, CYP and their families want the best help and clinical interventions, as close to home as possible. They want support that helps them to prevent crisis from happening and they want to work with clinicians to shape their care and plans. They need to be able to get help quickly and easily, without having to navigate a complex system. A single point of access (SPA) (e.g. a 24/7 crisis line, NHS 111 or a local authority phone number/email address) will enable all children and young people experiencing crisis to access crisis care 24 hours a day, seven days a week.

As the Future in Mind report[37] notes, CYP "...want an integrated child, youth and family friendly approach that recognises their particular needs, makes them feel supported, emphasises the positives and helps them to cope."

Similarly, a report by YoungMinds says, "Some young people highlighted the need for more information about mental health in general. There was also a need for a clearer roadmap of what to do at different stages – from initial consultation to crisis, including help to identify which stage a young person was in and guidance about where best to get specific information and support."[38]

CYP have also told HLP that communicating through parents makes them feel like they are incapable of managing their own health. In addition, CYP wish to be cared for in comfortable environments. They need a record of what is going on and to not be expected to use antiquated technology, such as fax machines. They also reminded us that failing to get access to services by not meeting a clinical threshold could leave things to spiral and result in a higher demand for crisis and emergency services.

4.2 The challenge facing CYP

- **One in six 5 to 16-year-olds** (16%)[39] are thought to have a diagnosable mental disorder – this equates to around **four students in every school class**.
- **Half of all mental illness** (excluding dementia) in adults **starts before the age of 14** and three quarters of lifetime mental health disorders have their first onset before the age of 18[40].
- A quarter **(25.5%) of 11 to 16-year-olds with a mental disorder** had self-harmed or attempted suicide[41].
- **Young people aged 17 to 19 have the highest rate of emotional disorder**[42].
- **42% of under-20s who committed suicide had been in contact with at least one mental health service in the last three months**[43].
- **More than half (52%) of 16 to 24-year-olds did not seek professional help after a suicide attempt or self-harming incident**[44].

Failure to prevent mental health crisis and deal with it effectively represents a lost opportunity for children and young people, both at the point of crisis and for their future mental health. It can affect education, careers, relationships, physical health, and general quality of life.

There appears to be marked variation in acute hospital admissions for mental health conditions (0-17 years) across London. In 2018/19, the 'London Average' was 72.5 per 100,000 compared to the 'England Average' of 88.3 per 100,000. However, nine London boroughs were above the 'England average' and three of them recorded worse figures than in previous years, each with more than 116 hospital admissions per 100,000[45]. We need to understand the reasons for these variations – what part is service related and what part is about the circumstances CYP find themselves in?

Access to CYP mental health crisis services, out of hours services and liaison mental health services across London is variable and there are different workforce models. If admission is required, the availability of inpatient care close to home at the right time is very dependent on where the young person lives. Difficulty in accessing local care outside the emergency department can result in further delays and the need for transfers outside the area, often considerable distances outside London and the South East. These problems may be exacerbated at weekends.

The introduction of NHS-led Provider Collaboratives is helping with this by enabling experts from different organisations to work together to commission and manage high-quality CYPMH crisis pathways. A recent evaluation of NHS England's 'New Care Models' programme (now called the Provider Collaborative programme) found that all six areas were able to meet the mental health support needs of CYP more effectively close to home[46].

For those CYP and their families who are living with a learning disability, the burden at the point of mental health crisis can be even more profound. The combination of complex commissioning and provision arrangements, the likelihood of "behaviour that challenges", clinical teams not having the necessary skills, knowledge and information and the alarming change in environment for the CYP can lead to an extremely difficult situation. The system response may then be tilted towards accessing a specialist inpatient bed in a completely different part of the country, adding greatly to the burden and the risk of adverse long-term outcomes for the young person.

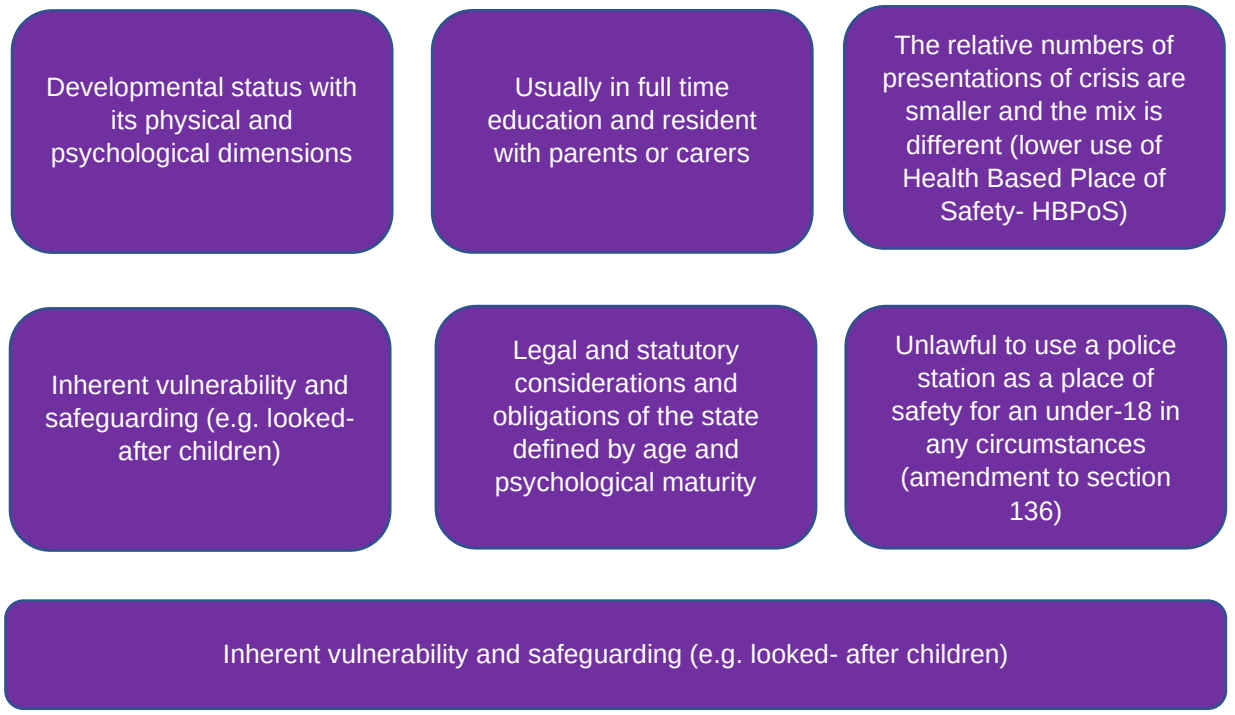
There is accumulating evidence that non-adherence to follow-up treatment is a predictor of poor outcomes, not only in terms of repeated self-harm and suicide but also in a variety of other psychosocial outcomes.

Suicide prevention is a role shared by front-line agencies, including services for self-harm, alcohol and drug misuse, and Multi Agency Safeguarding Hubs across London are a vital platform for sharing information about CYP who are self-harming and are a suicide risk. They have links to primary care and education and can ensure a multi-agency response and monitoring.

Working with external partners as part of its #ZeroSuicideLDN initiative, Thrive LDN has developed London's first multi-agency Information Sharing Hub to improve suicide prevention and bereavement support[47]. The hub is hosted by the Metropolitan Police Service and enables all regional and local agencies to access timely information about suspected suicides.

4.3 The differences between CYP and adults in mental health crisis

There are several differences when supporting CYP in mental health crisis compared to adults, including:



In a CYP mental health crisis, the family is more likely to be involved, as most children and young people live at home with their parents or carers. Crisis may occur at home and CYP may engage in risky behaviour that affects themselves and others (e.g. siblings). Crisis may also occur at school or college and CYP may exhibit aggressive behaviour, suicidal behaviour, or extreme oppositional behaviour, which can be disruptive in these educational environments.

The role of parents and carers and education staff is a vital distinction in CYPMH as they can offer additional avenues for help and support. Parents and carers are keen to participate as partners to the professional system.

Mental health issues are highly prevalent in CYP in the youth justice system, hence the frequent involvement of Children's Social Care, the police, and other agencies. CYP in mental health crisis may show offending behaviour and be at risk of substance misuse at these times.

The life experiences of looked after children make them especially vulnerable to mental health problems and crisis and they might also be living out of area.

4.4 Engagement with children and young people in transforming crisis care

To address the issues in access and quality of care, the views of CYP need to be involved in service design. CYP and their parents and carers have told us that to better gain their participation they:

- Should help shape resources for local mental health support, including sharing decisions about what is commissioned and how any services are designed and run.

- Should understand the local health system and be represented throughout it, including being treated as equals with all other stakeholders in the local system.

- Should understand the evidence base for interventions used or proposed.

For example, they have told us that CYP would like to see care that allows them to:

- Be informed about mental health and be able to take an active role in seeking help when they need it and in making decisions about the care and treatment they receive when they access services.

- Have access to, and understanding of, the highest quality, evidence-based interventions for mental health disorders.

- Be enabled to develop supportive peer relationships with other young people and parents and work collectively to initiate solutions to the mental health challenges they perceive in their community[48].

I-statements are powerful statements in which children and young people have set out their expectations of care and experience of care[49]:

Those caring for me involve me in discussions about my care and listen to what I think works well.

Staff believe what I am saying and take my opinion seriously. My voice is not ignored just because I have an adult with me, and I am not spoken over or about just because I am young.

Wherever possible I am given options in my care that recognise that I am an individual and that every situation is different.

I am never left waiting on my own without knowing what is going on and I am always involved in making plans for what happens next.

Those involved in my care make the effort to get to know me. They understand that although I may be an adult legally, I may not always feel like one.

Those involved in my care are always honest with me. They support me to gain confidence in them when I am feeling vulnerable.

As far as possible my confidentiality is respected and only the friends, family, and carers that I choose are involved in my care.

I am supported to achieve my aspirations for other areas of my life such as education, hobbies, and relationships.

Those caring for me take the time to find out about my fears. They take them seriously and reassure me.

I am prepared for the changes which are coming up and not left feeling I am going into the unknown.

4.5 Regional and national strategies and policies for CYPMHS

Several elements of national and regional policy are relevant to these guidelines, including:

NHS Long Term Plan[50] and **NHS Mental Health Implementation Plan**[51]

The NHS Long Term Plan sets out that, by 2023/24, all children and young people experiencing a mental health crisis will be able to access age-appropriate crisis care 24 hours a day, seven days a week through NHS 111. This will combine crisis assessment, brief response, and intensive home treatment functions.

As the NHS Long Term Plan states, "Children and young people experiencing a mental health crisis will be able to access the support they need. Expanding timely, age-appropriate crisis services will improve the experience of children and young people and reduce pressures on accident and emergency (A&E) departments, paediatric wards and ambulance services."

The Mental Health Implementation Plan provides a framework to deliver on the NHS Long Term Plan's commitment to transform mental health care in England.

At the time of publication of these guidelines (November 2020), Commissioners and CYPMHS have made remarkable progress towards the ambition of the Long Term Plan but there remains much to do to meet the needs and aspirations of CYP and their families.

Transforming Children and Young People's Mental Health Provision: a Green Paper and Next Steps[52]

In 2018, the Department of Health and Social Care and the Department for Education published its response to the green paper on CYPMH provision, which included three proposals:

1. Incentivise and support all schools and colleges to identify and train a Designated Senior Lead for mental health.
2. Fund new Mental Health Support Teams, which will be supervised by NHS children and young people's mental health staff.
3. Pilot a four-week waiting time for access to specialist NHS children and young people's mental health services.

Five Year Forward View for Mental Health[53]

The Five Year Forward View promotes the development of Urgent and Emergency Care Networks – integrated systems of care built around patients' need delivered through emergency departments, GP out-of-hours services, urgent care centres, urgent mental health care settings, NHS 111 and ambulance services.

A major development in the design and delivery of the Five Year Forward View took place in 2016 with the establishment of sustainability and transformation partnerships (STPs) in answer to the question: "How will you put your Children and Young People Mental Health Plan into practice?"

The Five Year Forward View is supported by specific implementation guidance that states, "In delivering this expansion within community based services, CCGs should commission improved access to 24/7 crisis resolution and liaison mental health services which are

appropriate for children and young people." This is underpinned by the NHS Oversight Framework for 2019/20[54].

Future in Mind[55]

The Department of Health and NHS England's Future in Mind report (2015) promotes early intervention and improving access to effective support. In terms of CYP mental health crisis, the report says:

- If you have a crisis, you should get extra help straight away, whatever time of day or night it is. You should be in a safe place where a team will work with you to figure out what needs to happen next to help you in the best possible way.

- If you need to go to hospital, it should be on a ward with people around your age and near to your home. If you need something very specialised, then you and your family should be told why you need to travel further, and the service should stay in touch to get you home as soon as possible. And while you are in hospital, we should ensure you can keep up with your education as much as you can.

- If you need help at home, your care team will visit and work with you and your family at home to reduce the need for you to go into hospital. If you need to go into hospital, the team should stay in touch and help you to get home quickly.

The Future in Mind report also recommends the following:

- Ensuring the support and intervention for young people being planned in the Mental Health Crisis Care Concordat are implemented.

- Implementing clear evidence-based pathways for community-based care, including intensive home treatment where appropriate, to avoid unnecessary admissions to inpatient care.

- Including appropriate mental health and behavioural assessment in admission gateways for inpatient care for young people with learning disabilities and/or challenging behaviour.

- Promoting implementation of best practice in transition, including ending arbitrary cut-off dates based on a particular age.

Mental Health Crisis Care Concordat[56]

The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in crisis, including the College of Policing, the Local Government Association and NHS England. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis and focuses on four main areas:

- Access to support before crisis point

- Urgent and emergency access to crisis care

- Quality of treatment and care when in crisis

- Recovery and staying well

Where CYP are concerned, the Mental Health Crisis Care Concordat notes that "Early intervention should be appropriate for people from vulnerable groups, including... children and young people, so they can find and stay engaged with services which keep them safe, improve their mental health and prevent further crises."

Mental Health Compact for London[57]

The London Mental Health Compact sets out cross-agency working to ensure high-quality care for people of all ages in mental health crisis.

A Compact between London's Mental Health and Acute Trusts, Local Authorities, CCGs, NHS England, NHS Improvement, London Ambulance Service and London's Police services, it establishes a common understanding of what is expected from each part of the health and care system in terms of providing access to mental health inpatient facilities in London, including Health Based Places of Safety for people in crisis.

Drawing on existing regulations and policies governing mental health services in London and England, as well as existing good practice, the Compact outlines the roles and responsibilities of individual organisations along all CYP and adult patient pathways to admission.

With signatories including the following organisations, the Compact should be adhered to at all levels of the CYPMH pathway:

It is also important to note other policies, strategies and recommendations that are relevant to these guidelines, including:

4.6 Key findings from the HLP CYP Mental Health Crisis Peer Review

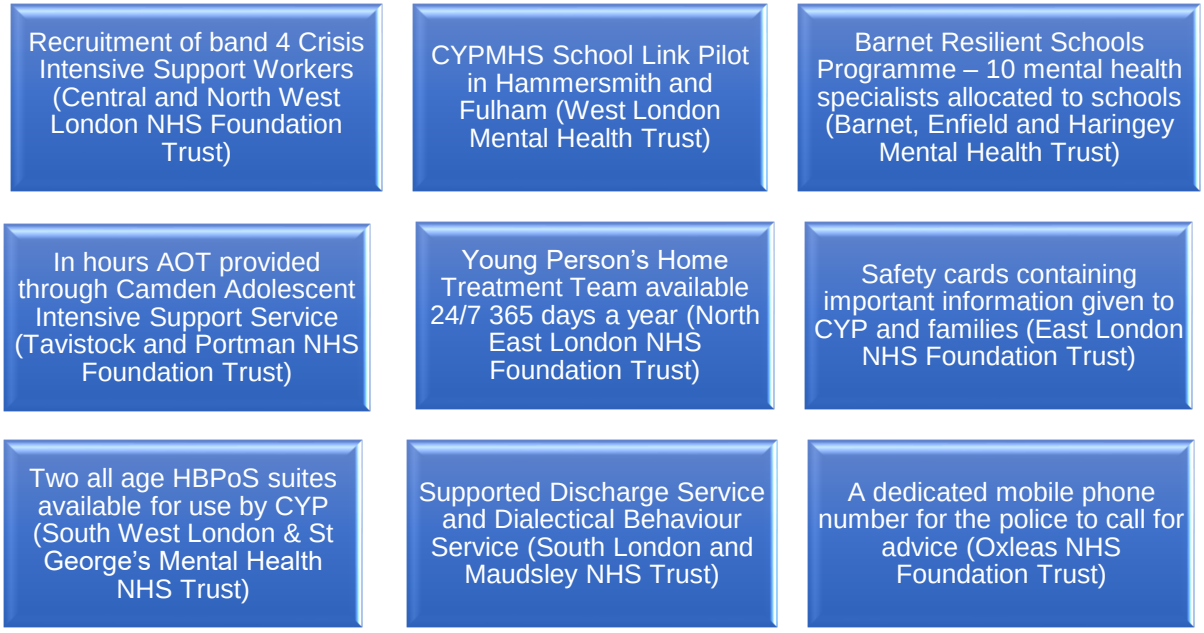
In November 2018, Healthy London Partnership published a summary of the findings of its peer review of nine CYP mental health crisis pathways[58].

The peer review used the HLP acute paediatric peer review as a foundation and was conducted between November 2017 and May 2018. Feedback was provided by a panel at each visit and a summary report was shared with each pathway afterwards.

The findings of the peer review included:

- There were a mixture of traditional models (clinic based) and new models, such as assertive outreach teams (AOT).
- Health Based Places of Safety (HBPoS) for CYP were predominantly in emergency departments.
- There were varied arrangements and age cut-offs for paediatric ward utilisation for short term stays and crisis stabilisation (inpatient CYPMHS).
- Crisis line staff were not always CYPMH trained even though some of the calls relate to children and young people.
- Voluntary sector organisations and the support they offer are not always signposted.
- There were recruitment and retention issues, particularly in outer London boroughs.
- CYPMH crisis reporting to Board level was not commonplace.
- There were some examples of joint working with social care, but this was not the norm.
- Crisis care was a priority area for transformation in CCGs and STPs.

Several examples of positive practice were identified during the peer review, including:



4.7 Use of adult mental health inpatient facilities

The London Child Protection Procedures and Practice Guidance[59] state that no child under 18 should be admitted to an adult ward. Young people aged 16 and 17 may, in exceptional circumstances, be admitted to an adult mental health ward if this is in their best interests and the ward environment is suitable. There are two categories of exceptional circumstances:

(i) Emergency Admissions: the admission to an adult ward is the most appropriate means of meeting the young person's needs at that time. While such admissions may be justified when responding to a crisis, this will only be acceptable in the short term.

(ii) Atypical Admissions: given the young person's particular circumstances, the best place for the young person is an adult ward – for example, if a young person is nearly 18, has left school and is being treated by the Early Intervention Psychosis team which has beds on the ward in question.

Young people under 16 must never be admitted to an adult ward.

The Code of Practice for the Mental Health Act 1983[60] describes factors to be considered when deciding whether the ward environment is suitable. It should have:

- Appropriate physical facilities.
- Staff with the right training, skills, and knowledge to understand and address their specific needs as children and young people.
- A hospital routine that will allow their personal, social, and educational development to continue as normally as possible.
- Equal access to educational opportunities as their peers, in so far as they can make use of them, considering their mental state.

Registered persons who provide psychiatric units for adults must notify the Care Quality Commission[61] if a young person aged under 18 is admitted and if that placement has lasted for a continuous period of more than 48 hours. The Royal College of Psychiatrists Centre for Quality Improvement has produced a set of standards for adult wards admitting under 18-year olds.[62]

4.8 Health Based Place of Safety and Section 136 pathway

CYP (aged under 18) detained under Section 136 of the Mental Health Act cannot be held in a police station. Instead, they should be taken to a Health Based Place of Safety (HBPoS), such as a hospital ward or an Accident and Emergency (A&E) Department.

The HLP Urgent and Emergency Care Programme has developed all-ages guidance for the Section 136 pathway and facilities and resources required at designated HBPoS[63]. The needs of CYP are incorporated in this guidance.

4.9 Urgent and Emergency Care Networks

These networks have been established across England and represent a fundamental shift in the way urgent and emergency care services are provided. The aim is for a more joined-up and highly responsive service that delivers care as close to home as possible, minimising disruption and inconvenience for patients and their families.

To implement these networks, change is required across the urgent and emergency care system by:

- Providing better support for people to self-care.
- Helping people with urgent care needs to get the right advice in the right place, first time. Providing highly responsive urgent care services outside of hospital.
- Ensuring that people with more serious or life-threatening emergency care needs receive treatment in centres with the right facilities and expertise to maximise their chances of survival and a good recovery.
- Connecting all urgent and emergency care services together so the overall system becomes more than just the sum of its parts.

4.10 Specialised Commissioned services (CYPMH inpatient services)

NHS England commissions highly specialist inpatient and outpatient units for CYP with severe mental health problems.

Specialised Commissioning has recently devolved commissioning to Provider Collaboratives in London. There are three Provider Collaboratives for CYPMH inpatient services covering the following geography, North West London, North Central and East London and South London. The North Central and East London provider collaborative went live on 1st October 2020, the other two have been established for some time. Specific documentation about CYPMH inpatient services should be provided by the Provider Collaboratives.

Despite increases in beds commissioned nationally, rises in referral rates and length of stay mean that, frequently, when the crisis is such that an inpatient specialised placement is sought, no local or even distant bed is available. This often leads to CYP being brought to emergency departments by the police under the Mental Health Act (Section 136) and being

"held" in that department by police and NHS staff until a placement can be found. These incidents are frequently escalated to NHS England on-call managers. Some areas in London have addressed this with services that aim to provide the requisite community care locally.

The **Transforming Care for People with Learning Disabilities programme**[64] aims to help people with learning disabilities from hospitals and institutions return to their own communities and prevent them being readmitted or admitted there in the first place. For CYP with learning disabilities who are at risk of crisis, their Care, Education and Treatment Review (CETR) should underpin their Safety and Coping Plan (SCP) and address their communication needs.

4.11 Social care and looked after children

It is important to note that when children and young people present in crisis, it is rarely only due to a mental health disorder – difficulties with family, friends and school are almost universal. Some CYP are exceptionally vulnerable with complex needs and presentations. One such group is looked after children who may present with behavioural and conduct difficulties and a broken sense of trust with the adult world, as well as risk-taking behaviour that affect themselves and others. As a result, a pure "health" or NHS response is not likely to resolve the crisis and its causes.

For example, CYP presenting with deliberate self-harm (which often requires physical/medical treatment) may be doing so because they cannot cope with an unsafe home. If an alternative placement is needed, there may be delays whilst emergency social care (e.g. foster care) is agreed. The risk behaviours of some CYP may be of much concern such that a residential placement may break down and return there may be denied.

All contact with a child or young person in crisis must explore their life as a whole and ensure that, where necessary, social care can be accessed in a timely way. Substance misuse is also commonplace in CYP with mental health issues and those presenting in crisis and it is important that easily accessible assessment and intervention is co-ordinated between health and social care.

A survey by Healthy London Partnership (HLP) in 2020 found that there is a high level of variation across London in both the type and extent of mental health care provided to looked after children and care leavers[65].

Mental health crises need to be screened, assessed, and managed through pathways and processes in conjunction with social care. The exact balance and who leads on a multi-agency care package needs to be negotiated with the CYP and their family and must extend beyond safeguarding.

Please note, we use the term 'looked after children' throughout these guidelines but we acknowledge current discussions about changing the terminology[66].

4.12 Accessing crisis care through the hospital emergency department

Although not required or sought for every mental health crisis, hospital emergency departments are there to deal with all health emergencies that present. Because of their visibility, anonymity, non-stigmatising connotations and 24-hour access, they are a safe haven for professionals and the public alike. As emphasised in the Mental Health Crisis Care Concordat[67] and the NCEPOD recommendations[68], emergency departments aim to provide care that represents parity of esteem between physical and mental health care.

There is a need to co-ordinate and complete both physical and mental health assessment and treatment efficiently in emergency departments – failure to do so can cause frustration and delay for children, young people, and their carers. Sometimes this is because mental health assessment is not started until the physical health situation is resolved or cleared. This can result in a poor experience and may be one reason why the take-up of follow-up appointments is poor. Out of hours presentation in the emergency department may represent a particular challenge in CYP being able to access the right professionals to complete a multi-agency assessment and management plan.

Following assessment and initial treatment, the continuing care of a child or young person may be transferred to an inpatient paediatric or medical ward. As well as continuing medical treatment and observation, this represents an opportunity for "cooling off", stabilisation and holistic assessment (social, safeguarding, physical and mental) with staff able to listen to and support the young person. It allows for a structured multidisciplinary assessment with embedded CYPMHS input, the latter providing at least daily supervision.

4.13 The transition from CYPMHS to AMHS

Mental health services for children and young people (CYPMHS) are commissioned and provided separately from adult mental health services (AMHS). At present, 18 years of age is the typical cut-off for access to CYPMHS (although this may vary for specific groups of young people) but new care models are emerging that meet the needs of young people up to the age of 25 (e.g. Forward Thinking Birmingham[69] and iThrive[70]). As the NHS Long Term Plan states, "We will extend current service models to create a comprehensive offer for 0-25 year olds that reaches across mental health services for children, young people and adults. The new model will deliver an integrated approach across health, social care, education and the voluntary sector..."[71]

Ineffective or delayed transition to AMHS (or loss to follow-up) may lead to lack of continuity of care and avoidable mental health crisis as the safety and coping plan cannot be affected. This may pose a particular challenge when a young person presents in mental health crisis a few weeks before their 18th birthday. Guidance suggests that it is not good practice to admit a young person who is almost 18 to an adolescent unit if they will then need to be transferred to an adult ward. However, adult wards will not often accept children and young people under 18 years of age, due to an inaccurate understanding of changes to the Mental Health Act in 2007 (2.4.8).

It is permissible to admit a young person aged between 16 and 18 to an adult ward in an emergency, if a suitable CYPMHS bed is not available or in the circumstances where the adult bed is the most appropriate environment. This could include young people on the verge of transition where an adult ward can provide consistency of care desirable in their recovery.

CYP at transition ages face additional problems if they require admission into a medical inpatient setting with the choice of an adult medical ward or children's (paediatric) ward. They should be able to express a preference and have that preference considered. The lack of an agreed protocol to guide staff and make the necessary arrangements in these situations, especially out-of-hours, can lead to very significant delays and exacerbate crisis.

Differences in thresholds between CYP and adult services may also mean that young people presenting in crisis shortly after their 18th birthday, having been discharged from CYPMHS, may fail to meet the threshold for acceptance into an adult service. Left without any outpatient provision, this is a situation they are likely to find bewildering – effective whole system governance and clear local guidelines are essential to minimise the risk of this happening.

4.14 The workforce for CYP mental health crisis care

There is still a lack of liaison nurses who have experience working with children and young people, Approved Mental Health Professionals (AMHPs) and liaison services for children and young people. Some CYPMHS operate crisis response services from 9am to 5pm, Monday to Friday, because there is an insufficient workforce to operate for longer hours – although this is gradually changing. Meeting the London Mental Health Crisis Commissioning Standards sets an expectation to provide extended hours for crisis care and undertake multi-agency working, particularly with social care.

Compared to adult crisis care, the relatively low numbers of presentations in children and young people in a local area means that costs for 24/7 CYPMHS-delivered care would be very high for the number of children and young people receiving care. All-age models may, of course, include support from AMHS practitioners – when the response is provided by the adult mental health team, there must be an integrated approach with CYPMHS.

The lack of a round-the-clock CYPMHS workforce is to an extent ameliorated using social care, paediatrics and adult mental health professionals who are available. This does mean, however, that some children and young people must wait long periods to receive definitive care planning. Around weekends and bank holidays, this may mean waits of up to five days, which is clearly unacceptable.

This situation suggests we consider a larger scale or footprint of a team/service that crosses CCG and local authority boundaries.

4.15 Education and training of the CYP mental health workforce

Health Education England's Stepping Forward to 2020/21: The mental health workforce plan for England[72] highlights the importance of training for all mental health staff. This is also an important factor highlighted in the HLP CYP Mental Health Workforce Strategy[73]. It is essential that all professionals who might be involved in the care of children and young people who present in crisis or who have co-morbid physical and mental health difficulties have the skills and knowledge to provide safe and effective care.

There is, however, variable knowledge among frontline staff regarding CYP mental health emergencies. For healthcare staff, this includes primary care, secondary care (e.g. nurses and doctors in A&E), health visitors, school nurses and paediatricians. There are opportunities with all professions involved to recognise CYP mental health training as continuing professional development. Improved practice and confidence in managing mental health needs may be best achieved by joint practice with mental health professionals alongside frontline staff, such as liaison services between psychiatry and paediatrics.

Appropriate resources should be allocated to ensure relevant retraining. This should be high-quality, evidence-based education and/or signpost to authoritative online support such as MindEd's multi-disciplinary training that aids effective team-working in many care environments[74]. Role play and simulation training is now used in many health care fields where complex and particularly urgent issues are being dealt with or arise (e.g. out of hospital emergency care, operative theatre crisis and resuscitation).

It is important to note the breadth of professionals (both specialist and wider groups) who may provide care and support for CYP in crisis, which includes:

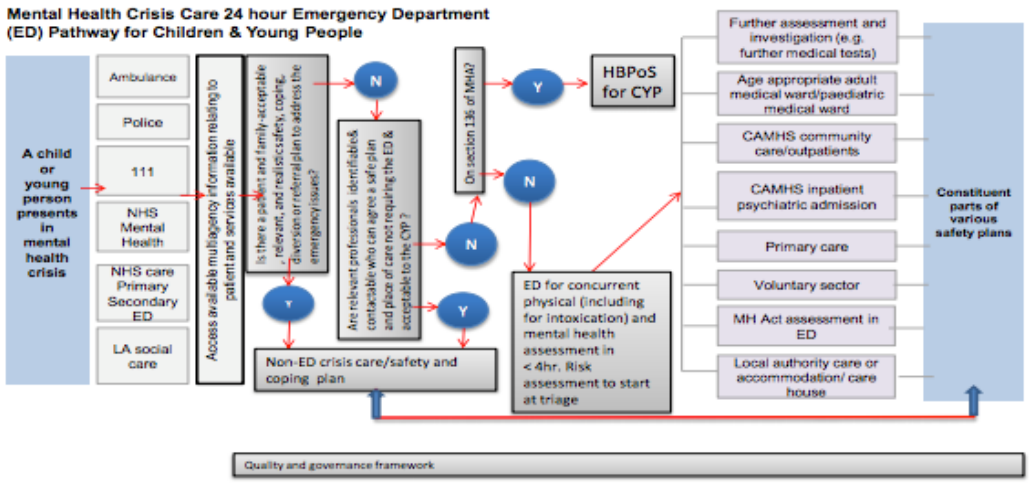
- Non-health social workers, residential children's home workers and secure children's home workers
- Emergency department staff, junior (including foundation) and senior doctors, paediatric nurses, adult mental health professionals especially triage nurses and primary care clinicians
- Emergency services (e.g. ambulance and police)
- School staff
- Play staff
- Voluntary sector agencies
- Crisis line workers
- Youth Justice Youth Offending Teams and Young Offenders institutions

Important areas of knowledge and skills include:

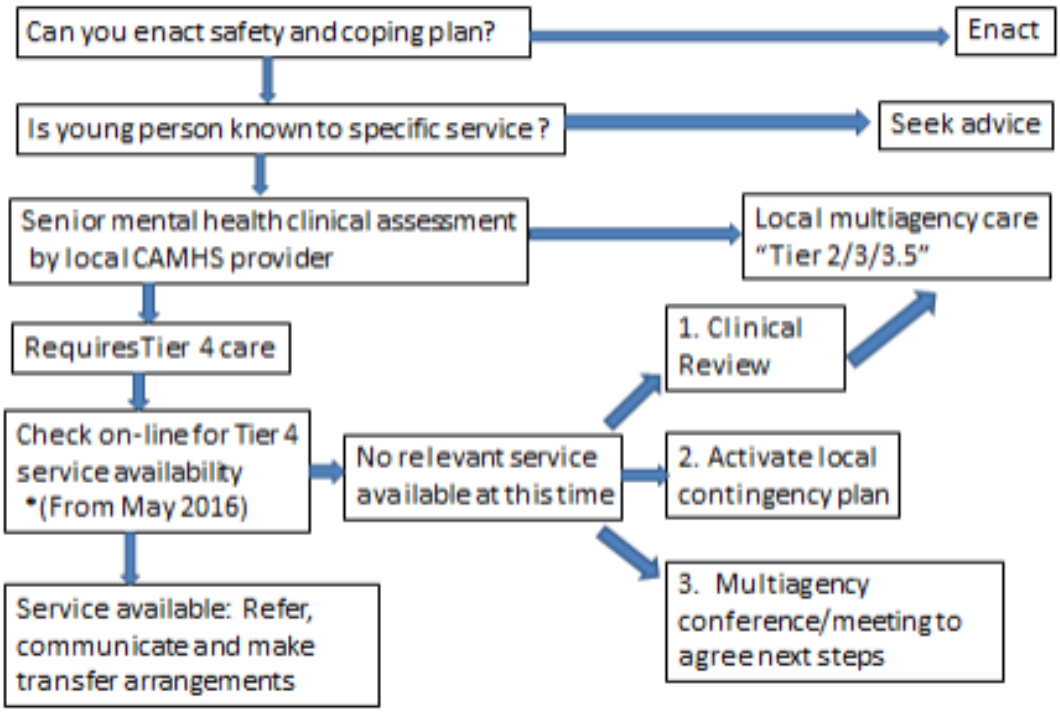
- Relevant professionally defined competencies
- Learning difficulties and autistic spectrum disorder
- Mental health first aid
- Differences between CYP and adults who present in mental health crisis
- Risk assessments
- Review of strengths and weaknesses
- Child friendships and social support
- Managing negative feelings
- Supporting parents and carers
- Understanding wider support networks (e.g. neighbours, friends)
- Working with other professional in assessment, identification, and formulation
- Understanding of evidence-based interventions
- Understanding and applying the relevant legal frameworks

5. Appendices

5.1 All-hours pathway



5.2 CYPMH inpatient services pathway



5.3 London Acute Care Standards for Children and Young People

London Acute Care Standards for Children and Young People
Emergency departments have a single point of access for CYPMHS, or adult mental health services with paediatric competencies for children over 12 years old. Referrals are available 24 hours a day, seven days a week, with a maximum response time of 30 minutes.
There are robust arrangements between fully staffed emergency departments and urgent care centres. This includes protocols covering consultation and transfer of cases.
All services offer information and advice to help young people and their families make decisions regarding psychological wellbeing and mental health support needs based on informed consent. The service makes attempts to provide flexibility about involving other people in the assessment and treatment process.
Appropriate staff receive training and appraisal to ensure they are able to talk to young people about mental health issues; knowledgeable about a range of support and treatment options; clear about who they are able to help; able to recognise and facilitate informed consent; and able to recognise and respond to different therapeutic needs such as those relating to gender, sexual orientation and age.
A clear referral path is identified for young people with emotional and mental health concerns. The pathway may include specialised CYPMHS input, including psychiatry, psychology, individual and family psychotherapy, social work, and CAMHS-trained and experienced nurses.

5.4 Example of a Safety and Coping Plan

If you are struggling with suicidal thoughts or self-harm behaviour, complete the form below. When you are struggling, follow the plan one step at a time until you are safe.

Feeling suicidal / wanting to self-harm is the result of experiencing extreme pain and not having the resources to cope. We therefore need to reduce pain and increase coping resources.

Suicide is a permanent solution to a temporary problem. These feelings will pass. Keep the plan where you can easily find it when you'll need it.

What I need to do to reduce the risk of me acting on the suicidal thoughts / self-harming?
What warning signs or triggers are there that make me feel more out of control?
What have I done in the past that helped? What ways of coping do I have? What will I do to help calm and soothe myself?

What are my main concerns?
What will I tell myself (as alternatives to the dark thoughts)
What would I say to a close friend who was feeling this way?
What could others do that would help?
If I feel like harming myself, I will do one of the following (try to list 6-8 items): 1. 2. 3. 4. 5. 6. 7. 8.
Who can I call: □ Friend or relative: □ Health professional: □ Telephone helpline: □ Samaritans: 08457 90 90 90 □ Childline: 0800 1111 □ Local Hospital: □ Mental Health Trust Urgent Advice Line: □ My social worker or social services team: □Other:
A place of safety I can go to:
If the plan above is not working for me and I still feel out of control: □I will go to the ED department □If I can't get there safely, I will call 999
Details of any medication (if any) Any physical health needs / conditions / medications:
Any special needs (including religious / cultural needs):

Signed:

Name of service user:

Name of Clinician:

Name and contact details of next of kin:

Who should be contacted when in a crisis:

Who should not be contacted when in a crisis:

Who would you like to advocate for you on your behalf:

Date:

(Form to be sent to relevant agencies, including primary care)

5.5 Local multi-agency contingency plan for CYPMH inpatient services

Components

- Where will care be provided?
- Who will provide clinical care and how will clinical advice be sought?
- Who will provide security and safety?
- What are escalation arrangements and arrangements for multiagency conference?
- What are agreed resourcing arrangements?
- What are timescales?
- What are arrangements for audit and assurance?

Where will care be provided?

- Can you designate and use another local CYPMHS bed if one is available?
- It may be easier to resource/staff an adult bed adapted for CYP
- Not in the Emergency Department
- Not in a medical or paediatric inpatient bed unless physical health issues require it

Who will provide clinical care and how will clinical advice be sought?

- By the local CYPMHS and using existing on-call arrangements
- Exploit/enhance Tier 3&4 interface services
- Will need a mobilisation plan for staffing
- Tele-support from Tier 4 provider
- Specify arrangements for physical/medical advice and care

Who will provide security and safety?

- This should transfer from the police if they are in attendance
- Provided by the organisation site on which care is being delivered at that time and during transfer to the next site

What are arrangements for escalation and for multiagency conference?

- Senior manager on-call for Mental Health Trust to oversee delivery of plan and set up multiagency conference
- Escalates if needed to Sector on-call who
- Escalates to London on-call
- Specialist commissioner lead for the sector chairs conference

What are agreed resourcing arrangements?

- Based on likely activity across London can a pan London/Sector budget be agreed for say up to 48 hours?
- Clear arrangements for securing any such budget

What are timescales?

- 4 hours
- Clinical assessment of need
- Current security arrangements aim to allow police to leave
- 4-8 hours
- Bolstered security arrangements ensure police can leave
- 12 hours
- Patient in interim setting
- Following morning
- Multi-agency conference

What are arrangements for audit and assurance?

- Continue current NHSE/Specialised Commissioning arrangements and regular monitoring report described by both provider and sector –to report to Quality and Governance Committee NHS England (London Region) and HLP Urgent & Emergency Care Committee
- Reports to Urgent and Emergency Care Network Board
- Reports to relevant CCG CYPMHS Transformation Planning assurance groups

5.6 Glossary

AMHP	Approved Mental Health Professional
CAMHS	Children and Adolescent Mental Health Services
CCG	Clinical Commissioning Group
CPA	Care Programme Approach
CTR	Care and treatment review
CYP	Children and Young People
CYPMHS	Children and Young People's Mental Health Services
ED	Emergency Department (also known as A&E)
GP	General Practice / General Practitioner
HBPoS	Health Based Place of Safety
HLP	Healthy London Partnership
NICE	National Institute for Health and Care Excellence
SCP	Safety and Coping Plan

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