

## PROTOCOL: PAN BEDFORDSHIRE MULTI-AGENCY RESPONSE TO COMPLEX CASE PRESENTATIONS AT ACUTE HOSPITALS

### 1.0 Context:

The following protocol has been developed as part of the Future In Mind Crisis workstream to support multi-agency practice in the management of young people admitted to local Acute General Hospitals due to experiencing (or suspected to be experiencing) emotional/mental health problems alongside other complex needs.

Cases can often lead to challenges typically for the CAMHS, Local authority and Acute Hospital services in determining and agreeing an appropriate discharge pathway from the Acute Hospital. Such situations are highly stressful for the young person, family, hospital staff and challenging for CAMHS and the local authority to ensure the most appropriate outcome is sought and agreed as soon as possible to avoid the young person continuing to inappropriately occupy a general acute hospital bed, which therefore contributes to delays in treatment care, additional pressure on the system and poor service user experience.

The following protocol should be referred to in the event of a young person being admitted to an acute hospital bed at either Bedford General Hospital or the Luton & Dunstable Hospital; where the following challenges exist that may prevent the young person from being discharged home:

- Young person refusing to return home
- Family refusing for the young person to return home
- Professional concern that discharge home cannot be safely achieved without the need for multi-agency support being considered
- Agencies unable to jointly agree appropriate discharge pathway
- Where discharge home is assessed as potentially placing the young person at immediate/imminent risk due to safeguarding concerns.

### 2.0 Aims:

Below are the key aims that this protocol will help to clarify and address:

- To ensure that the needs of the young person are met effectively and efficiently and in their best interests
- Ensure a multi-agency approach is adopted as soon as the need is identified
- Minimise time young person remains in an acute general hospital bed
- Ensure all avenues of potential alternative support from wider family/friends/ existing support network are exhausted
- Establish agreed response times from relevant agencies
- Collaborative working between agencies
- Focus on joint reviews/assessments
- Standardised Escalation Process
- Increase understanding and respect of professional opinions

### 3.0 Standard assessment and discharge process:

All young people presenting with emotional wellbeing concerns will receive a specialist mental health assessment once declared medically fit for assessment. This will be provided by:

- CAMHS A&E Liaison/Crisis practitioner (for all young people presenting between of 08:00 – 21:00hrs week days or 10:00 – 20:00 at weekends and bank holidays). Or
- Psychiatric Liaison Service (for young people aged 16+ presenting outside of the above hours).
- Young people under the age of 16 will be assessed by the on-call SHO outside of these hours.

If CAMHS feel that the young person is not able to return home without the support of Children's Services and where a specialist mental health assessment is available, it should be shared with Children's Services.

### Summary of CAMHS threshold for support following assessment:

**High** – has acute mental health difficulties and associated risk to self or others that cannot be contained with intensive CAMHS crisis support in the community and can only be supported and treated in Tier 4 inpatient provision

**Moderate – High**, may have acute mental health difficulties and associated risks to self or others but can initially be supported and treated if necessary with intensive CAMHS crisis support in the community

**Moderate** – Has mental health/emotional difficulties but can be supported and treated in the community with support from CAMHS/Tier 2 services

**Low** – Does not require support from CAMHS, needs can be met by universal services.

The outcome of the specialist mental health assessment will either be to admit to Tier 4 Child and Adolescent Mental Health provision (High Level Mental Health needs/risks) or to prepare for discharge from the acute bed (Low, Moderate or Moderate - High level mental health needs/risks). As a minimum, all cases will be followed up within 24 hours to one week by CAMHS either via a telephone or face to face review. Additional and/or on-going support beyond this may be agreed immediately following the assessment or during the follow up review.

## 4.0 Inclusion of Children's Services

In all cases, if the young person is already open to a children's services team, the CAMHS A&E Liaison/Crisis practitioner should notify the allocated Social Worker of the young person's attendance/admission to the hospital. If appropriate, the allocated Social Worker should attempt to join either the initial CAMHS assessment or be available for telephone discussion following the assessment.

Where the young person is not already open to a children's services team, the CAMHS A&E Liaison/Crisis practitioner or the Acute Ward staff should make a referral to Children's Services where a need for their support or safeguarding issues are identified. All referrals require informed parental consent unless to obtain consent would:

- Place a child/young person at increased risk of significant harm; or
- Prejudice the prevention, detection or prosecution of a serious crime; or
- Lead to unjustified delay in making enquiries about allegations of significant harm or serious harm.

Also, a young person who has the capacity to understand and make their own decisions may give (or refuse) consent to sharing. If the young person is aged between 17 and 18 then Children's Services will consider whether consultation is needed with Adult Social Care, and CAMHS will consider whether a consultation is needed with Adult Mental Health Services in relation to transition services/arrangements.

See appendix 1 for contact details and for link to the relevant referral forms.

The receiving local authority in conjunction with the referrer will assess the level of response that is required using their [local threshold document](#). The receiving local authority will also determine if consent is required before the referral can be progressed.

Where it is determined that the family would benefit from Early help or Children's Services support following the discharge of the young person from the acute hospital bed then the receiving local authority will progress this referral accordingly. The allocated Early Help practitioner or Social Worker will work jointly with the young person, the family, CAMHS and other involved agency professionals to ensure appropriate multi-agency support in the community following discharge of the young person back home.

### When a young person at risk of immediate and significant harm

Where it is determined that the young person may be at risk of immediate and significant harm on discharge from the acute hospital and this is preventing discharge then a [strategy meeting](#) will be convened (within 24 hours) to consider the risk of harm.

Until an appropriate and safe multi-agency support plan is agreed the young person will be required to remain in the acute hospital bed (with parental consent). It is the responsibility of all agencies to ensure that a safety plan is agreed at the earliest opportunity to ensure the young person is not unnecessarily kept in hospital. The need for keep in touch meetings between partners will be agreed on a case by case basis and agreed by all partners, it is the responsibility of Children's Services to arrange this engagement between Children's Services, CAMHS and the Hospital. If no appropriate discharge destination/plan is agreed after 72 hours a discussion or meeting should take place between CAMHS and local authority operational managers to review progress and agree next steps. Such discussion between operational managers may be beneficial at an earlier point within the initial 72 hour period.

If no safe discharge home plan can be identified, it may be necessary for the local authority to consider accommodation for the young person. The local authority will need to progress internal accommodation procedures to seek agreement for this from senior management. The decision to provide accommodation to a young person/child and/or seek legal advice is the responsibility of the local authority.

Please access the local authority accommodation procedures below;

**Bedford Borough Decision to Look After Procedure:**

[https://bedfordboroughcs.proceduresonline.com/p\\_place\\_resi\\_care.html?zoom\\_highlight=emergency+placement](https://bedfordboroughcs.proceduresonline.com/p_place_resi_care.html?zoom_highlight=emergency+placement)

**Central Bedfordshire Decision to Look After Procedure:**

[http://centralbedfordshirechildcare.proceduresonline.com/chapters/p\\_dec\\_look\\_aft.html?zoom\\_highlight=accommodation#dec\\_look\\_aft](http://centralbedfordshirechildcare.proceduresonline.com/chapters/p_dec_look_aft.html?zoom_highlight=accommodation#dec_look_aft)

**Luton Decision to Look After Procedure:**

[https://www.proceduresonline.com/luton/childcare/p\\_dec\\_look\\_aft.html#](https://www.proceduresonline.com/luton/childcare/p_dec_look_aft.html#)

**4.4 Admission to a tier 4 psychiatric inpatient bed**

If the young person is already open to a children's services team, the CAMHS practitioner should notify the allocated Social Worker of the young person's admission to a tier 4 bed.

Where the young person is not already open to a children's services team, the CAMHS practitioner will notify Children's Services by completing the inpatient Tier 4 notification form and emailing this to the relevant local authority. A representative from the local authority will then attend the initial Child Protection Assessment or formulation meeting to determine what involvement may be required from Children's Services. Should the CAMHS practitioner assess there may be safeguarding concerns, the completion of a Bic 100 Children's Services Referral or MASH referral at the point of admission, should still be made. All referrals require informed parental consent unless to obtain consent would:

- Place a child at increased risk of significant harm; or
- Prejudice the prevention, detection or prosecution of a serious crime; or
- Lead to unjustified delay in making enquiries about allegations of significant harm or serious harm.

Also, a young person who has the capacity to understand and make their own decisions may give (or refuse) consent to sharing.

## 5.0 When discharge pathway is not agreed

In some cases, there may be occasions where multi-agency agreement cannot be initially reached regarding an appropriate discharge pathway, this may concern a case presenting to either or both services for the first time or an existing case known to either or both services. Typically, in such a situations, partner agencies may hold alternative views as to whether the outcome should be health lead (ie CAMHS coordinating admission to psychiatric inpatient unit) or local authority led (ie Children's Services securing alternative community placement/support).

In these situations the Pan Bedfordshire Safeguarding Children Boards' escalation procedures should be followed. (add this link as a hyperlink once the above tracked changes agreed [http://bedfordscb.proceduresonline.com/chapters/p\\_reolution\\_disagree.html?zoom\\_highlight=escalation\\_-\\_then\\_you\\_can\\_get\\_rid\\_of\\_Appendix\\_3?](http://bedfordscb.proceduresonline.com/chapters/p_reolution_disagree.html?zoom_highlight=escalation_-_then_you_can_get_rid_of_Appendix_3?))

Note: due to the requirement to discharge from acute hospital bed with multi agency agreement in the most timely way possible, timescales of the Pan Bedfordshire Safeguarding Children Board's escalation procedures are reduced to a minimum.

### Escalation procedures summary:

CAMHS Clinical Team/Professional Team Lead and Children's Service Team Manager discusses concerns and agree response within 1 working day.

If the issue remains unresolved then the matter is escalated to senior managers within both services. Further discussion of concerns and an agreed response within 1 working day.

If senior managers are unable to resolve the issue then consideration must be given to escalation to the Director or Assistant Director who will make the final decision. This must be progressed within 1 working day.

At any point CAMHS can consider additional consultation with the Duty Consultant Psychiatrist or the CAMHS Responsible Psychiatrist to assist in the resolution of dispute between agencies of most appropriate discharge route and support for the young person.

## APPENDIX 1

### LOCAL AUTHORITY TEAMS AND CONTACT DETAILS

#### Bedford Borough Children's Services

Call: 01234 718700 (office hours)

Out of hours call: 0300 300 8123

Email: [Multi.Agency@bedford.gov.uk](mailto:Multi.Agency@bedford.gov.uk)

Link to referral form: [Integrated Front Door \(previously MASH\) referral form](#)

#### Central Bedfordshire Children's Services:

Call: 0300 300 8585

Out of hours call: 0300 300 8123

Email: [cs.accessandreferral@centralbedfordshire.gov.uk](mailto:cs.accessandreferral@centralbedfordshire.gov.uk)

Link to referral form: <https://www.centralbedfordshire.gov.uk/officeforms/Bic100.ofml>

**Luton Children's Services**

Call: 01582 547653

Out of hours call: 0300 300 8123

Email: [MASH@luton.gov.uk](mailto:MASH@luton.gov.uk)

Link to referral form: [Referral to Children's Social Care - professional - Luton Council](#)

**CAMHS CONTACT DETAILS:**

South Bedfordshire and Luton Team – 01582 708140

North Bedfordshire Team – 01582 893301