NHS North Bristol NHS Trust

Bristol City Council

NHS Bristol, North Somerset and South Gloucestershire Integrated Care Board

NHS Avon and Wiltshire Mental Health Partnership NHS Trust

NHS University Hospitals Bristol and Weston NHS Foundation Trust

South Gloucestershire Council

North Somerset Council

Protocol for System Response for Children and Young People in crisis

Shaping better health

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Protocol for Crisis Response for Children and Young People

1 Introduction

Within Bristol, North Somerset and South Gloucestershire (BNSSG) there are established routes to access support when a child or young person is in crisis. Many of these children and young people present in crisis to Emergency Departments (ED), either at Bristol Royal Children's Hospital (BRCH) for under 16s, Bristol Royal Infirmary (BRI) or Southmead Hospital for over 16s. Often these young people present in crisis with high levels of emotional anxiety or distress or a mental health need or experiencing symptoms of trauma with increasing acuity of their presentations. They may or may not have been referred to the hospital at which they have presented.

Presenting in crisis is likely to be a traumatic experience for children, young people, their families, carers, and the staff involved with their care. Whilst this document will not outline the trauma informed response that all professionals should undertake, trauma responses should be acknowledged and understood, responded to appropriately and with compassion, understanding that every individual has their own set of needs/requirements, to try to, where possible, minimise traumatic experiences. (further information is provided as part of section 6, key considerations).

The Crisis Intervention and Outreach Teams provide in-reach support to our acute hospitals when young people present in crisis, as well as providing a community outreach service to young people in crisis. There are close links with the CAMHS Community Teams and both teams ensure that appropriate mental health support is in place, should this be required post discharge.

There is shared agreement that having a system protocol to respond effectively to these scenarios will have a positive impact on the outcomes for the young person, eliminate confusion within the system, reduce anxiety for staff and prevent unnecessary trauma, costs, delays and administration.

2 Purpose and scope

The purpose of this protocol is to set out the multi-agency responsibilities, engagement and decision-making processes to meet the needs of children and their families when they present to an acute hospital in crisis. There is a requirement on the part of all BNSSG agencies to participate and support in a timely multi-agency response.

The protocol will clearly outline the established routes for escalation for those Children and Young People (CYP) in crisis as well as provide the guidance and policies that are in place.

This protocol has been developed to promote a timely and effective system wide approach to be embedded in organisations within the Bristol, North Somerset, and South Gloucestershire system.

The scope is for children and young people in an acute hospital who do not have an agreed discharge plan, which could lead to a delayed discharge to an appropriate setting.

Wherever possible, the views and wishes of CYP will be sought and the communication needs of CYP should be considered. Where the CYP has presented in crisis previously, it is important to understand the impact of this experience for the CYP and any learning around what approaches were most helpful or unhelpful to minimise further distress to the CYP. Any learning should be considered and built on, alongside building on the individual strengths, skills and resilience of each CYP.

3 Crisis Definition

The definition of crisis under this protocol is children and young people presenting with significant emotional or behavioural dysregulation or who are known to have a mental health need who:

- May not have a confirmed diagnosis or be known to local services
- Are at risk of harm to self or others (including self-injury, overdose and violence and aggression)
- Are displaying signs of acute distress, leading to inability to function
- Are victims of or at risk of exploitation
- Are at risk of home or care placement breakdown due to acute distress, self-injury, violence or aggression
- Are at risk of hospitalisation due to mental health presentation or self-harm

4 Crisis Planning

Where a young person presents in crisis to an acute trust, the hospital team should review the children or young person's care records to understand whether there is a crisis plan in place.

The Crisis, Intervention and Outreach Team (CIOT) will provide an in-reach service. This provision will involve a mental health assessment within 4 hours of admission; once a child is medically stable, CIOT will support the decision whether the child requires a specialist inpatient bed, on-going support from the outreach team or a referral into locality CAMHS.

There may be cases where the 4-hour period is not appropriate, particularly if contact needs to be made with social care or outside organisations; in these cases, appropriateness must be discussed and agreed with by the acute provider clinician.

This provision will be offered to the acute trusts on a 24/7 basis. The overnight service will provide support to the open crisis caseload and will be supported by the psychiatrist on call.

During the hours of 8am – 8pm a CAMHS Crisis Practitioner will be available and be able to support the hospital, and an on-call CAMHS consultant and crisis phone line will provide additional support outside of these hours.

If the child or young person does not have a Learning Disability or Autism diagnosis, normal discharge planning should continue to take place and led by the hospital team in conjunction with CIOT and other partners involved with the young person's care.

If the child or young person has a Learning Disability or Autism Diagnosis, the lead CIOT consultant should decide whether the Local Area Escalation Protocol (LAEP) should be followed and contact the Care, Education and Treatment Review (CETR) team (cetr.bnssg@nhs.net). The process for requesting a LAEP can be found in **appendix 2**.

If the child or young person does have a learning disability or autism diagnosis, the acute trust where they have been admitted, should review and agree any reasonable adjustments that could be made whilst they remain under their care. It may be necessary to discuss this with partner organisations and as part of the CETR / LAEP.

The hospital team and CIOT should discuss a safe discharge plan and if not already in place, CIOT should consider whether a crisis plan should be developed to support the child or young person, should they present in crisis again. Where there are barriers to achieving a safe discharge, the hospital team should request a multi-agency meeting (MAM) with those involved in the young person's care to discuss and agree a discharge plan. This could also involve the child or young person and their family or carers, if it is deemed appropriate.

If a discharge plan is put in place but significant risks remain, *discharge from the acute hospital cannot take place*; a multi-agency meeting will need to take place to ensure that additional support for the child or young person is agreed and will facilitate a safe and timely discharge.

There are a number of scenarios that may take place which could delay a child or young person's discharge, outlined below;

4.1 A Mental Health Act Assessment results in decision for admission to a mental health unit.

- Process for admission for a mental health inpatient stay can be found in **appendix 3.**
- If the child or young person has Autism or a Learning Disability and has not had a CETR, the Local Area Emergency Protocol (LAEP) must be followed (this can be run in parallel with the mental health inpatient admission process).

  Support: NHS BNSSG ICB

  E-mail: bnssg.cetr@nhs.net

  The LAEP process can be found in **appendix 2**.

- If a mental health in-patient bed is not immediately available, the most appropriate place of safety needs to be agreed across partners. The current options are:
    - Hospital Ward
        - The UHBW Care Pathways for under-18s presenting with a Mental Health need can be found in appendix 4
        - CAMHS Out of Hours process found in appendix 5
    - Child's home or placement with additional support (i.e. Intensive Outreach)
    - S136 Suite

  A multi-agency meeting will be managed by the CAMHS lead who will work with partners to establish the meeting and the appropriate course of action. They will engage with all those working with the child or young person to determine whether there is any other course of action other than admission to a mental health inpatient bed.

  A clear risk management plan will be in place and if required, additional staff can be discussed and assigned; a clear recommendation about what skill set is appropriate to support management of the child alongside supervision arrangements will be required. The MAM should also decide whether there is a more appropriate setting that the young person could be transferred to whilst waiting for a Tier 4 bed.

  If there is no clear plan agreed for discharge or management on a hospital ward, there is a requirement for senior management escalation and this meeting will be coordinated by the CAMHS lead.

4.2 A Mental Health Act Assessment is not applicable or is undertaken and results in a decision that the young person does not require admission to a mental health inpatient unit.

- **If child or young person is in hospital.**

  A multi-agency meeting will be called by the acute hospital with CAMHS, social care, the hospital and other practitioners working with the child to agree a discharge plan, review their safety plan and strategies to manage risk, assess and jointly plan any additional support that can be provided to the family or placement and cascade strategies to manage risk with the rest of the team around the child.

  The meeting will be chaired and recorded by the acute hospital and notes saved on the child's patient record.

- **If the child or young person is in hospital/held in a place that is not home and parents/placement refuse to have them home.**

  A multi-agency meeting will be called by the acute hospital to review actions needed to agree an appropriate discharge plan. This will include all relevant

practitioners from CAMHS and social care and other identified agencies, where appropriate.

Social Care will lead on work with the family to assess or review the reasons for this.

The multi-agency meeting will agree an appropriate way forward to ensure plans are in place to provide reassurance to the family which may include wrap-around support to keep their child safe and well.

- **If the child is waiting for a new place to safely remain in the community:**

  If as part of the planning, a new social care placement search is agreed, there is a risk that this will take time due to processes and availability of placements. In these circumstances social care will ensure regular communication with the wards to agree ongoing risk management strategies.

- If there is no clear or timely plan or the engagement of relevant agencies cannot be secured, there will be a requirement for senior management escalation which will be coordinated by each organisation.

- A timescale should be agreed for placement finding and should the Local Authorities not be successful, escalation to senior management should take place and a multi-agency meeting stood up.

5 Escalation Processes

Escalation processes may be triggered when;

- the needs of the child or young person cannot be met within the capacity or expertise of either the community setting or acute hospital
- there are associated risks which may lead to escalation
- timely discharge cannot be achieved

If escalation to a CYP Escalation Call (CYPEC) is required, a virtual multi-agency meeting will be stood up by the organisation currently responsible for the young person's care to agree an immediate plan. This meeting will involve attendance from senior management with the expertise to deliver a speedy response with the best possible outcome for the child or young person. Nominated job roles have been identified in section 7 with key contact information.

Organisations involved must first ensure that existing support options and pathways that can meet the needs of the child or young person have been discussed and where appropriate, followed. This is outlined below:

1. Agreement that a multi-agency meeting is required to achieve a safe and timely discharge.
2. Initial multi-agency meeting to discuss discharge planning with key practitioners involved in the child or young person's care:
   - If the delay is due to the requirement for a mental health bed, CIOT will coordinate and manage the multi-agency meetings.

- If there is a delay for other social and / or health related reasons, the acute hospital will coordinate and manage the multi-agency meetings.

3. The multi-agency meeting should agree actions and timescales to achieve discharge alongside a deadline for escalation should a plan not be in place
    - There may be a requirement to have a series of multi-agency meetings to allow partners time to undertake any actions agreed.
4. If a timely or safe discharge plan cannot be agreed despite multi-agency meetings, escalation to Senior Management within each organisation is required.
5. A Children and Young Person's Escalation Call will take place with notes and background shared with senior management and nominated director(s) within each organisation.
6. The escalation call will be attended by Senior Management with decision making authority.
    - Timescales should be agreed within the multi-agency meeting for delivery of actions alongside frequency of escalation calls until a safe and appropriate discharge plan can be agreed.

On occasion it may not be possible to reduce the associated risks through a LAEP or a CYPEC and may be necessary to escalate to Directors within each organisation to ensure that the risk is known.

It is the responsibility of all system partners to attend LAEP/CYPEC meetings as requested by the organising body. A joint action log template should be used for any multi-agency meetings (see appendix 6) and shared with meeting attendees and the BNSSG System Control Centre.

6 Key Considerations

6.1 Care Records

Where a young person is known to services, the crisis plan will be shared with the appropriate acute hospital. This will be saved within the young person's medical records to ensure that this is accessible to hospital staff, should they re-present in crisis.

The presentation of the young person and the care provided will be clearly documented in the discharge summary for the GP, AWP, and Hospital Staff to access.

If appropriate, patient records will be updated on Connecting Care by the organisation who has called the meeting which will allow NHS organisations involved in the young person's care access to previous care and treatment records.

Where the young person is not known to services, a crisis plan should be discussed and agreed as to whether this would be appropriate. If it is agreed, this should be developed in conjunction with the young person, their family / carers and shared with the relevant organisations as above.

6.2 Funding

Funding should not be a barrier to agreeing a discharge plan and can be agreed retrospectively to ensure that this is not a reason for a delay to the young person receiving the appropriate care.

If additional funding is required and it cannot be met within existing budgets, this should in the first instance be discussed with senior management teams who can discuss with the Integrated Care Board or Local Authority to agree which process should be followed.

6.3 Learning Disabilities and / or Autism

If a child or young person has learning disabilities, autism or one or both is suspected, the care provider should have due regard for this and make reasonable adjustments.

Most hospitals have learning disability liaison nurses who will know about reasonable adjustments and can help you to support the CYP. However, every person is different, so the adjustments required will differ from person to person. There are common adjustments that can help such as, thinking about the way that you communicate and ensuring that the person can understand as well as offering a quiet space for the person to wait.

The care giver should always ask the person, their family or carers who are with them, what they need as they may know what will help or support them.

6.4 Trauma Informed Approaches

As a system, BNSSG has agreed to become trauma informed and that these principles should guide the services that are delivered and the policies and protocols in place.

Presenting to services in crisis may be a traumatic experience for CYP and for CYP with histories of trauma, this experience may compound their trauma and retraumatise them. It is important to recognise that experiences of trauma and adversity can impact on how CYP present, how they interpret the world and their surroundings and how they engage with services. Steps should be taken to minimise these risks for CYP (for example: using grounding techniques, providing a quieter private waiting space where possible, understanding that a CYP may find it difficult to trust others, acknowledge with the CYP that what they are experiencing may feel scary/ frustrating/ unsettling).

Many parents and carers of CYP who present in crisis have had a long history of contact with services and they may have been traumatised by this process. Parents/ carers may also present in emotional distress, they may be exasperated, angry, frustrated, ashamed, exhausted. This also needs to be acknowledged and met with compassion and without judgement.

Moreover, staff may be experiencing secondary or vicarious trauma. They may already be burnt out, working in a highly pressurised environment, and be required to support others in high levels of emotional distress or in a traumatised state.

Partners should consider what support is in place for staff, how does this work outside of normal working hours, and if additional support is required in these instances where young people are presenting in crisis.

7 Organisation Contact Details

7.1 Service Contact Details

Children and Adolescent Mental Health Services

24/7CAMHS Emergency Helpline	0800 9539599
Central and East	0117 340 8600
North Bristol	0177 354 6800
South Bristol	0117 340 8121 or 0117 919 0330
South Gloucestershire	01454 862431
North Somerset:	0300 125 6700
Getting Advice	0117 340 8570

Local Authority

Social Care: Where there is a risk of placement breakdown (home or placement) or there are concerns about the safety of the child or others:

	Daytime	**Out of hours**
Bristol	First Response Team on 0117 903 6444	01454 615 165
South Gloucestershire	Access and Response Team on 01454 866000 Monday to Thursday 9.00 – 5.00 Friday 9.00 -4.30	01454 615 165
North Somerset	Care Connect Service on 01275 888 808	01454 615 165

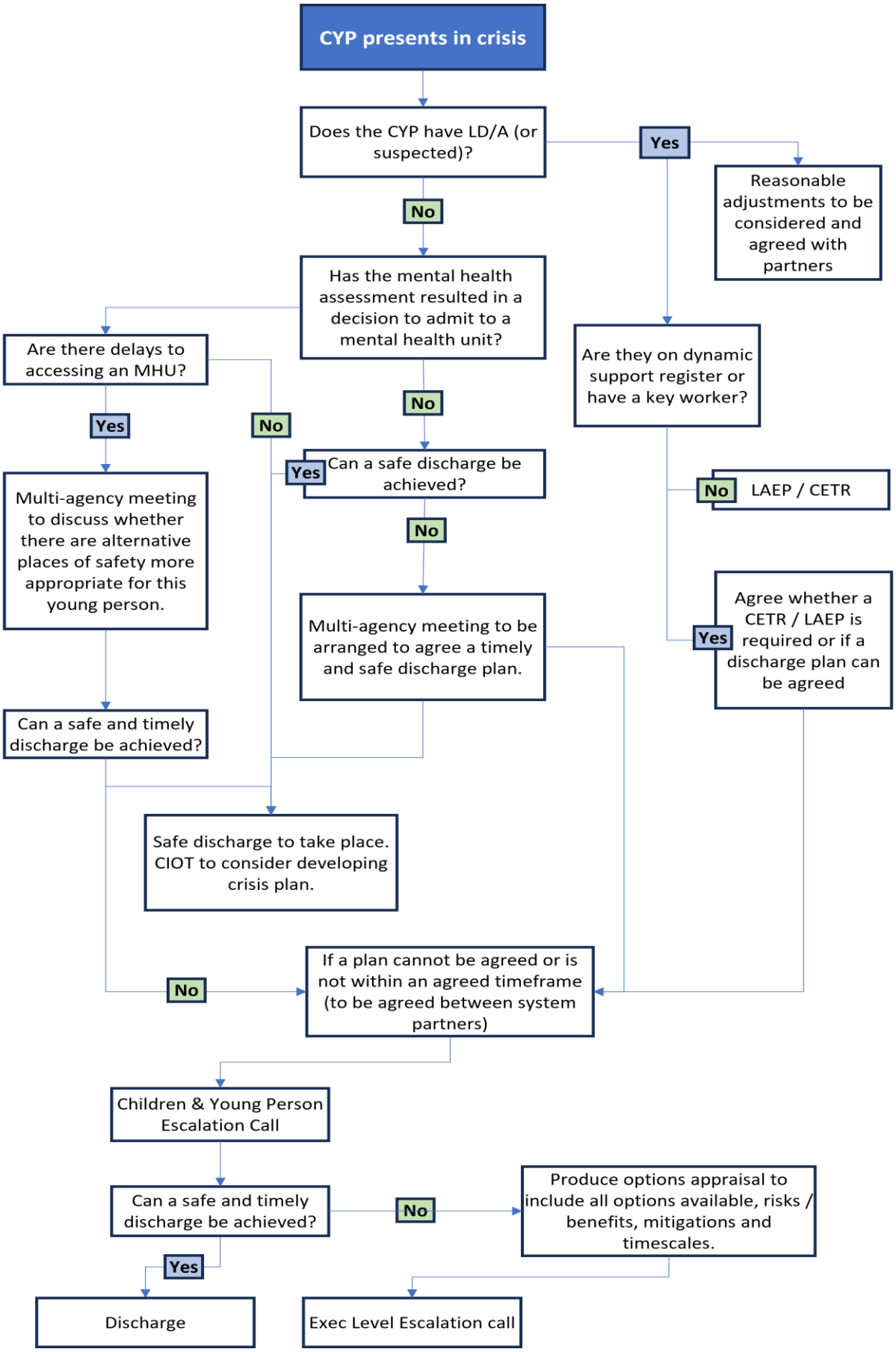
If young person unknown, details must be supplied by the person raising the concern to ensure that social care are able to allocate to the appropriate team.

7.2 Senior Management Escalation Contact Details

Organisation	**Senior Management**	**Director**	**Out of Hours**
Bristol City Council	Gail Rogers	Fiona Tudge (Director of	EDT - 01454 615 165

	(Head of Children's Services)	Children's Services)	
South Gloucestershire Council			
North Somerset Council			
NHS BNSSG ICB	Denise Moorhouse (Deputy Director of Nursing and Quality)	Rosi Shepherd (Director of Nursing and Quality)	Please refer to on-call rota
	System Control Centre (SCC) bnssg.systemcontrolcentre@nhs.net		
AWP CAMHS	Heather Kapeluch (Head of Operations – CAMHS)	Mark Arruda-Bunker (Associate Director of Specialised Services)	
Sirona care & health	Karen Evans (Head of Service)	Lorraine McMullen (Associate Director)	
Bristol Royal Infirmary (University Hospitals Bristol & Weston)			
Bristol Royal Children's Hospital (University Hospitals Bristol & Weston)	Rachel Hughes (Director of Nursing)	Deirdre Fowler (Chief Nursing Officer)	
Southmead Hospital (North Bristol Trust)			

8 Appendix 1: CYP Crisis Escalation Process



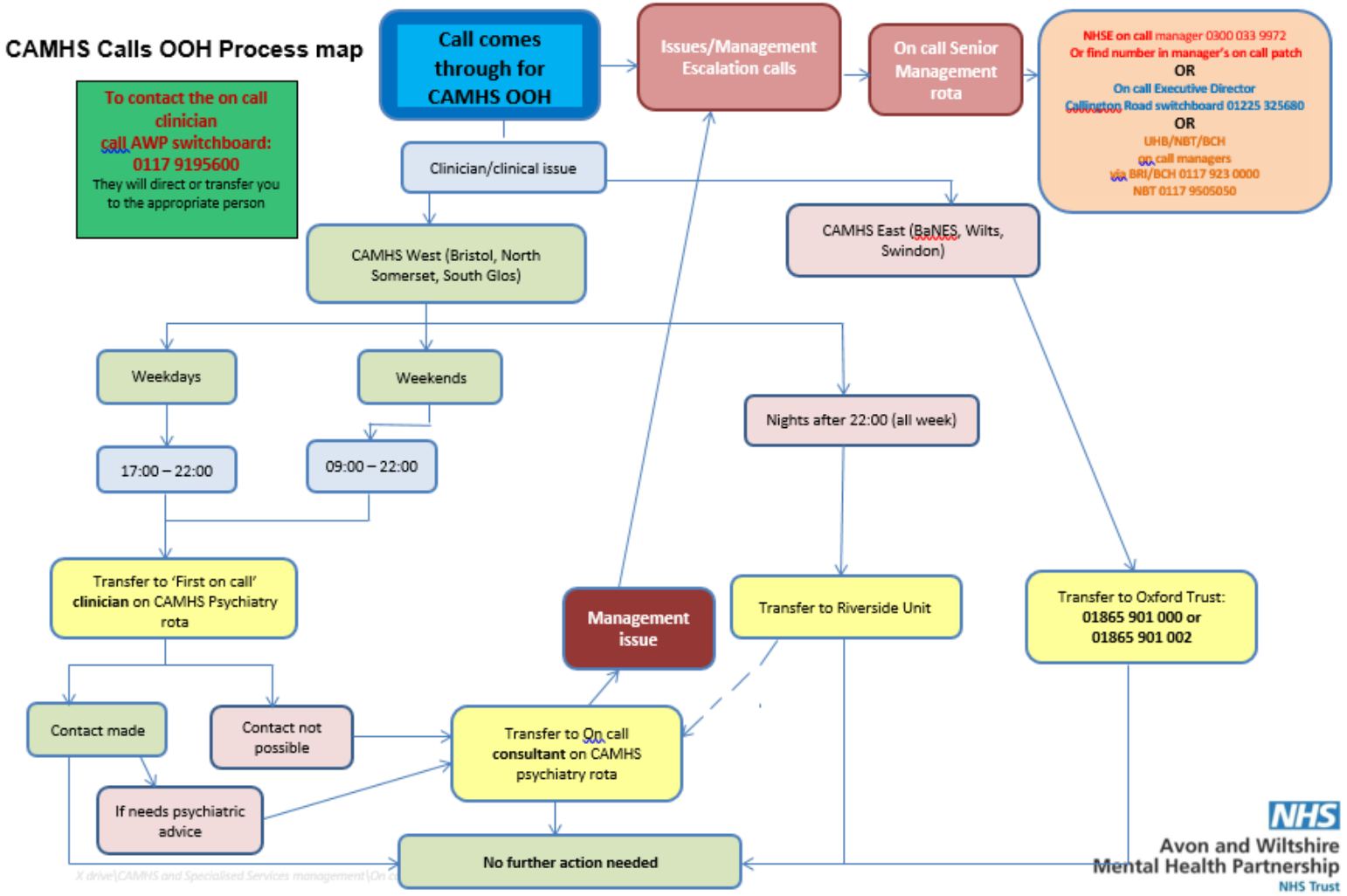
9 Appendix 2: Local Emergency Area Protocol

Local Emergency Area Protocol (LEAP)

10 Appendix 3: BNSSG Process to secure a CAMHS inpatient stay

11 Appendix 4: Care pathway for young people (up to 18 years of age) presenting with mental health needs in UHBristol Emergency department

12 Appendix 5: CAMHS Calls Out of Hours Process



13 Appendix 6: Multi Agency Action Log – Joint Working at Escalation

Name:	
NHS number:	
Age:	
Hospital & Ward:	
Local authority:	
Locality CAMHs team:	
Status (detailed MHA / voluntary)	
Child in care Y or N	
Presenting problem	

Agency Action:	Who's agreed action:	Time frame	Lead for action	Update	Outcome	Next escalation