

## SCHEDULE 2 – THE SERVICES

### A. Service Specification

<b>Service Specification No.</b>	C11/S/a
<b>Service</b>	Child and Adolescent Medium Secure
<b>Commissioner Lead</b>	
<b>Provider Lead</b>	
<b>Period</b>	12 months
<b>Date of Review</b>	

#### 1. Population Needs

##### 1.1 National/local context and evidence base

Secure adolescent inpatient mental health provision represents a highly specialist resource which should be considered in the context of a range of universal, specialist and highly specialist services for children and young people in England. Such services should include those provided not only by health but also children's social care, education, the youth justice system and other agencies. Within the context of mental health provision for children and young people, secure forensic inpatient care should form part of a clearly defined and coordinated care-pathway which minimises the need for changes of location but ensures that transitions for young people between such settings and other community or residential environments (or vice versa) are adequately supported and provided for. Providers of secure in-patient care should be coordinated nationally to ensure equity of access and provision for young people irrespective of their geographical location or other circumstances.

There are four security levels currently available within in-patient mental health care in England to allow management of different levels of risk presented by young people under 18: medium security, low security, psychiatric intensive care (PICU) and 'open' units (also known as 'Tier 4' units). The first three of these types of setting are known as 'secure in-patient units'.

All secure child and adolescent facilities provide a range of physical, procedural and relational security measures to ensure effective treatment and care whilst providing for the safety of individual young people, other patients, staff and the general public.

- Medium secure settings accommodate young people with mental and neurodevelopmental disorders who present with the highest levels of risk of harm to others including those who

have committed grave crimes. In such settings there are prescribed stringent levels of physical security and high levels of relational and procedural security. Young people admitted to medium security generally have significant lengths of stay from months to years.

- Low secure settings accommodate young people with mental and neurodevelopmental disorders at lower, but nevertheless significant levels of physical, relational and procedural security. Young people in such settings may belong to one of two groups: those with 'forensic' presentations involving significant risk of harm to others and those with 'complex non-forensic' presentations principally associated with challenging behaviour, self-harm and vulnerability. Young people admitted to low secure settings generally require significant lengths of stay from months to years.
- Psychiatric intensive care units (PICU) for young people allow for containment of short-term behavioural disturbance which cannot be contained within an open adolescent inpatient unit. Levels of physical, relational and procedural security would be similar to those in low security but there would be fewer facilities (e.g. educational and recreational settings) to support a young person over a sustained period of time as is the case within medium and low secure units.

The decision to admit to any secure service will need to be based on a comprehensive risk assessment and detailed consideration as to how identified risks can be managed safely within adolescent secure inpatient settings. The majority of young people admitted to secure services are either in contact with the welfare care system and/or the criminal justice system and may be in the middle of complex civil court matters or charged with or convicted of criminal offences. Adolescent medium and low secure services play a significant key role in assessing a young person's ability to participate in court (civil and/or criminal) proceedings and provide important advice to courts regarding welfare pathways and specific criminal court matters.

This service specification relates specifically to adolescent medium secure mental health services for young people up until the age of 18 years with mental disorders including neurodevelopmental disorders and conduct disorders (henceforth referred to in this document as "mental disorders").

## **1.2 Prevalence**

The population of England from the mid-2012 census published by the Office for National Statistics was 53,493,700 and the number of 10-18 year olds was 5,617,300.

NHS England commission a range of secure adolescent beds via the 10 Mental Health Hubs responsible for the direct commissioning of specialised mental health services. The spectrum of secure adolescent beds commissioned includes adolescent psychiatric intensive care (PICU), adolescent low secure services, and medium secure provision within the National Secure Forensic Mental Health Service for Young People (NSFMHSfYP). There are currently six commissioned medium secure adolescent units which provide a total of 100 beds.

## **1.3 National Policy**

Secure mental health in-patient services are currently provided by a range of NHS and independent sector providers.

Between 2002 and 2013 adolescent medium secure services were commissioned by the NHS on a national basis as a Highly Specialised Service for the population of England for young people aged up to 18 years (and in some cases up to 19 years depending on clinical and/or educational needs). Since 01 April 2013 the services have been commissioned locally via NHS England and

they are now therefore regionally commissioned. They continue to provide services on a national basis and operate as a national clinical network (the NSFMHSfYP, discussed in more detail below).

Future in Mind (2015) emphasised the need for ‘improved care for children and young people in crisis so they are treated in the right place, at the right time and as close to home as possible’. This includes ‘implementing clear evidence-based pathways for community-based care, including intensive home treatment where appropriate, to avoid unnecessary admissions to inpatient care ‘however, there is a recognition that there will always be some children and young people who require more intensive and specialised inpatient care. ‘The key to commissioning the right type of care, in the right places is to adopt a whole system commissioning perspective.....this should address the role of pre-crisis, crisis and ‘step-down’ services alongside inpatient provision.’. <sup>1</sup>

Another key national is NHS England’s Five Year Forward View for Mental Health<sup>2</sup>, it sets out priorities for children and adolescents’ mental health. An associated implementation plan has been published.<sup>3</sup>

## 2. Outcomes

### 2.1 NHS Outcomes Framework Domains & Indicators

<b>Domain 1</b>	<b>Preventing people from dying prematurely</b>	
<b>Domain 2</b>	<b>Enhancing quality of life for people with long-term conditions</b>	
<b>Domain 3</b>	<b>Helping people to recover from episodes of ill-health or following injury</b>	
<b>Domain 4</b>	<b>Ensuring people have a positive experience of care</b>	
<b>Domain 5</b>	<b>Treating and caring for people in safe environment and protecting them from avoidable harm</b>	

The service is required to monitor clinical outcomes. As a minimum the service will use outcome measures as indicated in QNIC ROM, including:

#### 1. Clinical measures

- SDQ (self-report, parent/carer and teacher),
- HoNOS-CA,
- HoNOS-Sec and CGAS.

These measures will be collected on admission, every six months and at discharge. These outcome measures will be reported on both a national and individual service

<sup>1</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/414024/Childrens\\_Mental\\_Health.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf)

<sup>2</sup> <https://www.england.nhs.uk/mentalhealth/taskforce/>

<sup>3</sup> <https://www.england.nhs.uk/wp-content/uploads/2016/07/fyfv-mh.pdf>

basis.

2. Education providers will provide the following data:
  - English and Maths attainment level on entry and discharge using points values
  - A measure of wider progress and wellbeing in education, in addition to academic progress, to be completed each academic term, such as the Every Child Matters Teacher and Student Assessment. This measure should be agreed and implemented by all units in the medium secure network.
3. Parent / carer and young person feedback
  - On young people and carer's experience of the service will be routinely sought as described in section 3.2. The means by which this feedback is collected should be agreed and implemented by all units in the medium secure network.

Services will be required to submit evidence of achievement of outcome measures as defined in the standard contract. This will include the measures as outlined above plus additional measures that will be reviewed annually.

### **3. Scope**

#### **3.1 Aims and objectives of service**

The core objectives for adolescent medium secure mental health services are to:

- Assess and treat mental disorder; reduce the risk of harm a young person poses to self and others; support recovery; promote adolescent developmental tasks and aid rehabilitation.
- Have a particular function in managing high risk behaviours that cannot be managed in less secure settings.
- Operate as a clinical managed network (NSFMHSfYP) that supports:
  - a coordinated single referral and admission pathway into individual settings and across the network
  - a coordinated response that evidences equity of provision for the population of England.
- Provide multi-disciplinary teams which are experienced in both adolescent forensic and child mental health. These teams should also have highly developed liaison skills with an extensive understanding of statutory frameworks and services available for young people with complex needs outside of inpatient provision.
- Provide a range of specialist treatment programmes delivered either individually or within groups with the aim of safely reintegrating the young person into the community or other secure or specialist provision.
- Provide an exemplary comprehensive service for all eligible referred young people with mental disorders, who present a significant risk to others and/or themselves in secure care.
- Provide expert multidisciplinary assessments, diagnosis, management and treatment of mental disorder.
- Provide expert multi professional assessments of the link in the young person between

their mental disorder and their high risk behaviours towards self and/ or others.

- Operate within a robust clinical governance framework that promotes multi-disciplinary working and the CPA process.
- Provide an individualised, developmentally-appropriate framework of care that provides for the needs of young people and their families.
- Provide care in a psychologically informed environment in which every interaction has the potential for therapeutic value
- Provide high quality information for patients, families and carers in appropriate and accessible formats and media and ensure that all efforts are made to establish good collaborative working relationships with parents/carers and those with parental responsibility for the young person.
- Ensure the development of good relationships with adult mental health and other services for adults to ensure timely and planned transition to such services when a young person reaches the age of 18.

### **3.2 Service description / care pathway**

It is expected that all young people will be treated and managed within a whole care pathway approach where services work collaboratively with each other in order to ensure that admission and transfer within the secure pathways and beyond are achieved seamlessly and efficiently. The pathway through care should, therefore, be identified early in admission but may be subject to change depending on developing needs and circumstances.

Child and adolescent medium secure mental health services provide care and treatment to a variety of young people but the predominant need for care and treatment in conditions of medium security will be related to the young person's assessed risk of harm to self and/or others in the context of their mental disorder. The recognised pathways into adolescent medium secure services are:

- o Stepping up from low secure adolescent services.
- o Direct admission through a criminal court process or from youth justice custodial settings.
- o Admissions from non-criminal justice and welfare settings including welfare secure units and other residential and specialist educational settings.
- o Admission from a PICU; from the community or a non-secure adolescent inpatient unit.

Multi-disciplinary working and the Care Programme Approach (CPA) process will underpin service delivery and the service will need to provide the following:

- o Admission under the provisions of the Mental Health Act 1983.
- o Care in line with welfare principles from the Children Act 1989 and the 2015 Code of Practice to the Mental Health Act.
- o A secure environment where patients can address their problems in safety and with dignity.
- o Care that involves young people and their families and carers from the beginning of the care pathway.
- o Adherence to the Care Programme Approach in accordance with best practice

guidance; involving patient, referrers, family, carers and other relevant stakeholders.

- o Ongoing assessment, which meets the needs of patients through their transition to discharge.
- o Comprehensive risk assessment and management.
- o A multidisciplinary approach to the provision of patient care.
- o Physical and mental health care that meets the needs of young people.
- o Young person-centred individualised evidence-based treatment packages, based upon assessment of need and risk.
- o The provision or of appropriate educational services in line with OFSTED statutory requirements and demonstrating particular attention to the needs of this group of young people. Education provision should be consistent across the network and will be detailed in the standard contract.
- o An extensive range of therapeutic, educational, occupational and recreational opportunities.
- o The provision of activity programmes during periods where education is not provided with a minimum of 25 hours of meaningful activities per week.
- o Effective, safe, and timely discharge.
- o Specialist professional advice to referrers and other agencies.

In addition, the competencies that are particularly needed to meet the needs of young people with a range of complex behaviours are:

- A comprehensive multi-disciplinary team (MDT) with a “core team” of expert psychiatry, psychology (including clinical and forensic competencies), social work, occupational therapy, education and nursing professionals. Services should ensure appropriate access to other necessary disciplines (such as speech and language, family therapy etc.).
- Units should work to a therapeutic model based on the principles of child development and attachment that acknowledges the importance of relationships and the key role of primary caregivers as agents of change. The model informs the work of the multidisciplinary team and is an underpinning principle of the nursing workforce in maintaining a safe, therapeutic and developmentally appropriate culture within the unit.
- A comprehensive multidisciplinary assessment of a young person and their wider support network will be undertaken. A structured clinical judgement approach to clinical risk assessment and management will be adopted, and reviewed at regular intervals. The assessment will inform an individual formulation including risks and protective factors which will be clearly recorded and shared by the team, the young person and their wider system.
- The therapeutic regime should be able to deliver effectively a variety of psychological interventions at an individual and group level and deliver interventions addressing interpersonal relationships, problem solving, affect regulation, mental health in line with the clinical formulation. The interventions should be flexible and responsive to the needs of the young people. The units will also provide a spectrum of offender-related interventions commensurate with high risk presentations.
- The therapeutic milieu should be comfortable with a psychological understanding of formulations. It should have a capacity to effectively deliver interventions for protracted periods of time and should show a level of resilience capable of dealing effectively with

chronic challenging young people with past significant adversity. It should also be capable of demonstrating a robust safeguarding approach that is able to balance therapy delivery and safety of staff and patients.

- Interventions should draw from the available evidence base, whilst recognising the limits of this evidence for the complex client group. When working outside the evidence base, innovative interventions should be theoretically sound and robustly evaluated and should evidence clinical outcomes and young person and carer satisfaction

Individual services will provide an environment which meets best practice for safety, welfare and security and demonstrates a robust approach to risk assessment and management embedded in the culture of the individual adolescent medium secure service and the clinical network.

Individual services as part of the national clinical network will be required to complete regular audits throughout an annual cycle demonstrating the degree to which security within the unit is maintained and reviewed. The clinical network will then report annually to NHS England.

Individual services are expected to review all serious incidents and carry out root cause analysis of serious incidents and near misses so that learning can be disseminated through the national network internal security review meetings.

Robust governance arrangements need to be in place with regard to communication and information governance and all communication should aim to allow the young person access to information about their care in a way that is meaningful for them and enables the provision of feedback about their care.

Information should be given to the young person and their family or carers about the unit they are referred to prior to admission and all information and feedback from service users should contribute towards future service development.

Individual services, in line with national network recommendations, are expected to ensure that robust systems are put in place to gather patient, family and stakeholder organisation feedback. This should be gathered by a variety of means and include feedback mechanisms that are independent from the service. This should include:

- social groups in wards;
- therapeutic intervention programmes;
- discharge questionnaires;
- patients' self-reports on care and treatment;
- advocacy support groups;
- discussion with families and
- consultation with referrers, commissioners and other stakeholders

The above is not meant to be an exhaustive list of feedback systems but rather the minimum necessary. There should be clear evidence of how the service has acted on feedback to improve patient, family and stakeholder experiences.

Age-appropriate independent advocacy (including independent mental health advocacy) services are to be provided through sub-contractual arrangements. Advocacy services are required to complete regular activity reports on service provision through service review meetings highlighting young people's feedback and any areas requiring action.

Individual services, in line with the national network should have clear processes that proactively consider safeguarding issues both on an individual patient basis and also that allow for the management of any patient interaction difficulties. This should include evidence of appropriate (Level 3) safeguarding children training for all frontline staff, and dedicated input from a social worker. Each unit should have an identified safeguarding lead within the service who will be a senior point of contact in relation to any safeguarding concerns and who can liaise beyond the unit as necessary with regard to such matters.

### **Care Pathway**

The service on a national basis will provide safe, effective and coordinated clinical care across the different stages of a clearly defined care pathway. The involvement from local/catchment area services in the young person's care and treatment, throughout the admission and transfer/discharge, is essential. This must be maintained through effective communication and involvement in clinical reviews via an identified care coordinator from the young person's home area and an identified social worker in line with s.117 requirements. There should be close communication between the local care coordinator and local commissioners and case managers. Other important local/catchment area services may include: adult mental health, youth offending / probation teams, education, and third sector organisations.

#### **a. Referral**

Young people will normally be expected to be referred to medium secure services from the following sources:

- o Adolescent low secure inpatient services
- o Inpatient Tier 4 provision ('open' adolescent units and PICUs)
- o Youth Justice System (from courts or transfer from Young Offender Institutions (YOI), Secure Training Centres (STC) or Secure Children's Homes (SCH))
- o Secure children's homes where the young person is detained on welfare grounds
- o Community child and adolescent mental health services (including adolescent assertive outreach services, early intervention in psychosis services and community child and adolescent forensic teams)
- o Residential care settings (including children's homes and specialist educational placements) via senior child and adolescent mental health professionals.

The NSFMHfYP medium secure clinical network should consider all referrals for mental health inpatient care from youth justice settings (courts and custodial units) and determine the level of security required. In general, a young person from such settings is likely require medium security but on rare occasions it may be more appropriate for them to be admitted to a lower level of security.

Referrals can be made to any of the units within the NSFMHSfYP medium secure clinical network. Referrals should be made via the NHS England CAMHS Inpatient National Referral Forms. All referrals are discussed at a weekly NSFMHSfYP referrals meeting with input from all services (held via videoconference) when, if appropriate, the referral will be allocated to a specific unit for assessment. This allocation will be made based on available treatment, geography, and current capacity to admit.

The NSFMHSfYP cannot cover the country for acute psychiatric emergencies. However, services are often able to provide a rapid response (within days) to help contribute to the assessment and



management of imminent risks of harm to others as relevant to young people who present with mental health concerns.

There is currently a one-off fee for assessment, to be paid by the patient's CCG. All other health costs associated following admission will be met by National NHS England commissioning arrangements.

Services should facilitate early discussion of potential referrals, and encourage clinicians to make contact prior to referral.

In general consideration for medium secure provision will be undertaken in agreement with CAMHS local to the patient's home area.

#### **b. Initial Assessment**

Admission to medium secure inpatient settings must be carefully considered by both referrer and the potential medium secure service. There must be good prior communication and assessment by both parties. Repeated assessments for the same young person in relation to a single referral must be avoided and the clinical network must ensure that arrangements are in place to prevent this.

The initial assessment will be carried out by members of the multidisciplinary team (to include a psychiatrist and nurse) from the medium secure service where possible jointly with the referrer. This assessment should include active involvement of a young person's family or carers. All medium secure services are required to give information about available treatments and facilities to the young person, parents, carers and others with parental responsibility prior to admission.

Following the assessment, the assessing medium secure service will discuss the case with the NSFMHSfYP referrals meeting. This meeting will determine whether the young person fulfils the criteria for admission. The outcome of this discussion will be promptly communicated to the referrer.

Following assessment and discussion at the NSFMHSfYP referrals meeting, a full report in line with agreed standards will be provided by the assessing medium secure service. The relevant NHS England CAMHS Inpatient National Referral Forms should also be completed by the assessing medium secure service.

If it is concluded that the young person does not meet the criteria for admission, the assessing service should feed this back verbally and within the assessment report to the referrer. In particular, such feedback should include advice on management of risk of harm to others.

#### **c. Pre-admission**

The admitting medium secure service should inform the young person, parents (and others with parental responsibility), carers, social care, relevant CAMHS clinicians, and commissioners that the young person has been accepted for admission. All should also be kept updated regarding timescales for admission.

The arrangements for admission will be jointly agreed by the current placement and the admitting medium secure service. There should be clear verbal and written communication regarding admission arrangements, with particular focus on nursing handover.

The admitting medium secure service should provide written and verbal information to the young person, parents and carers and social care about the service, facilities and available treatments prior to admission.

#### **d. During admission**

There is some degree of overlap between admission criteria for adolescent medium and low secure services. This should be borne in mind by clinical teams following an admission to a medium secure setting and at each case review consideration should be specifically given as to whether the young person is appropriately placed. Such consideration should take into account the principle of offering the young person 'the least restrictive option' in terms of their care

Each adolescent medium secure mental health service will operate 24 hours a day, 365 days per year and will provide care that meets the following standards in delivering service:

- o Each young person will have their own bedroom.
- o Each young person will have a Responsible Clinician.
- o The nursing model of care will be based on the 'primary nurse' model, where every patient will have a named nurse who will be responsible for their day to day nursing needs. The patient will also have a Care Coordinator allocated within the medium secure service, which will co-ordinate the care for the individual within the Care Programme Approach (CPA) framework.
- o The overall model of care will be through a Multi-Disciplinary Team (MDT) approach consisting of psychiatrists, psychologists, occupational therapists, social workers and nurses, in accordance with standards and guidelines outlined by the Quality Network for Inpatient Care (QNIC).
- o Each patient will:
  - o Be reviewed by the MDT at least weekly.
  - o Have a comprehensive up to date MDT care plan and risk assessment developed by the MDT collaboratively with the young person and, if appropriate, their family in accordance with best practice guidance.
  - o Have a named practitioner psychologist who will undertake needs based assessment and contribute to a multidisciplinary risk assessment to develop a formulation and use this to identify the appropriate psychological treatment programme on either an individual or group basis
  - o Have a named occupational therapist who will undertake a full occupational therapy assessment and will deliver an appropriate programme.
  
  - o Speech and language assessment may be required and where this is not provided 'within house', there should be defined agreements to ensure this can be accessed in a timely fashion during the course of the young person's admission.
  
  - o Have a named social worker within the unit who will liaise with the young person's local Social Care Children's Services to ensure the provision of a full social care service to the patient, family and carers.
  - o Have access to the Independent Mental Health Advocates (IMHA) and, where

applicable, Independent Mental Capacity Advocates (IMCA), who will assist by undertaking the direct advocate's role.

- o Receive three culturally appropriate meals per day. The food will be prepared in accordance with NHS National guidelines on nutrition and variety.
- o Have their religious and cultural needs met.
- o Have their rights under the Mental Health Act 1983 explained.
- o Have their physical healthcare needs met through a full range of primary healthcare and dental interventions that include health promotion and physical health screens.

Young people will be provided with a structured day including a minimum of 25 hours per week of structured activity across three domains:

- o Leisure:
  - Developmentally appropriate and specifically care planned activities provided on and off the ward such as, art, drama, dance, music, gym, sports and group games.
- o Education:
  - All young people are expected to participate in educational studies to improve their educational attainment. Young people should have education provided in accordance with the National Curriculum.
  - The provider will liaise with partners to make sure recommendations of Care and Treatment Reviews are undertaken and must ensure that educational needs continue to be met . Where appropriate (when a child or young person has a Education Health and Care plan, or statement of special educational need (where this has not yet been converted) or is receiving SEN support, the provider will ensure that the child or young person continues to access the education and support specified within their plan. This may sometimes require a review or revision of the plan.
- o Therapeutic Interventions:
  - Formal assessment and monitoring of mental state;
  - Assessment of clinical risks and development of management plans;
  - Management of physical health care;
  - Prescribing and monitoring of drugs and their side effects in line with NICE guidance;
  - A broad range of psychological interventions (which may be delivered at an individual, group and systems level). These interventions should be sequenced according to need and readiness, and delivered within a developmentally sensitive framework.
  - Offence specific therapeutic interventions (which may include programmes for sex offending, fire setting, aggression reduction) if indicated by the assessment of risk and need;
  - Occupational therapy;

- Health promotion (physical and mental health) and relapse prevention;
- Vocational work activities as appropriate.
- Other therapeutic interventions that may include family therapy, music therapy and art therapy.
- Graded programme of section 17 leave (where appropriate).

#### Care planning and CPA

- Young people should have a comprehensive care plan and risk assessment developed by the MDT collaboratively with the young person and, if appropriate, their family in accordance with best practice guidance.
- All care planning should follow a recovery and outcome process, should be embedded in the Care Programme Approach (CPA) and form the cornerstone of delivery of an effective care pathway through secure care.

#### Linking with other processes

- Patients should have a designated commissioner in line with responsible commissioner guidelines. Medium secure services should support case management from NHS England case managers.
- All patients should have a community Care Coordinator linked to community CAMHS team local to the patient's home area who will remain updated throughout the admission period and is expected to remain involved with the young person's care.
- For restricted patients, adolescent medium secure services will need to ensure compliance with the Ministry of Justice requirements.
- For young people who are subject to input from the Youth Justice Services, reviews of orders including remand reviews should be facilitated and may be undertaken jointly with CPA reviews.
- For young people in the care of local authorities, Looked After Children (LAC) Reviews must be facilitated and may be undertaken jointly with CPA reviews.

#### **e. Future care planning and discharge**

##### Considerations in secure care pathway planning

Care pathway planning should always involve balancing the relevant needs of the young person, including:

- The immediate risk posed by the young person to themselves and/ or others
- Ministry of Justice or court-ordered restrictions
- Specialist treatment needs which cannot be met in lower security settings
- The Mental Health Act 1983 (as amended 2007) principle of least restrictiveness
- The young person's vulnerabilities, including potential destabilisation by multiple transitions
- Placement stability and continuity of care the young person's and their family's needs including access to and proximity to home and ease of access to family

In planning future care pathways there should be active consideration of balancing the principles of management in the least restrictive environment and reducing transitions for young people. On occasions, where it can be clearly demonstrated that it is in the best interest of the young person, it may be more appropriate in the context of their longer term future care pathway, for a patient to continue to receive treatment in a medium secure service rather than experience transition to a short-term less secure placement.

### Discharge

The discharge / transfer of a young person from medium secure inpatient care will be dictated by the nature of their mental health difficulties, their risk profile, and their identified needs.

All young people should be supported in taking an active role in their discharge planning.

Recognised discharge routes include discharge / transfer to the following settings:

- o Adult secure (low, medium or high) or open inpatient services, including rehab services
- o Adolescent low secure or open inpatient services
- o Community mental health services (community CAMHS or adult CMHT)
- o Social care residential settings, including secure welfare placements
- o Specialist educational settings
- o Family home
- o Supported living or other community placement
- o Custodial placements (Young Offender Institution, Secure Training Centre, Secure Children's Homes, adult prisons)

Services are required to actively involve the catchment area services from the patient's home area and ensure that they honour their statutory responsibilities (e.g. via section 117 of the Mental Health Act) in supporting discharge. This should include input from:

- o Mental health services (CAMHS and/or adult mental health as appropriate)
- o Social care services (children's social care and/or adult social care)
- o Education and training providers

### Post 18 care pathway

In order to ensure good age transition planning, when a young person in an adolescent medium secure service is a minimum of six months from their 18<sup>th</sup> birthday, the Responsible Clinician in the medium secure service should liaise with local services, including the Responsible Commissioner, to ensure that the relevant transition processes for mental health and social services are initiated, including access assessment for adult secure provision. In certain cases identification of young people likely to require specialist provision at the age of 18 is possible at an earlier juncture and good practice would require that such needs be signalled earlier.

In some cases young people are required to stay beyond their 18<sup>th</sup> birthday for completion of adolescent specific treatments. The maximum extended inpatient period will not exceed the young person's 19<sup>th</sup> birthday and the view of the responsible commissioner in the young person's CCG should be sought six months prior to the young person's 18<sup>th</sup> birthday to confirm arrangements.

### **3.3 Population covered**

The service outlined in this specification is only relevant to individuals who are the commissioning responsibility of NHS England.

The population covered includes young people liable for detention for mental disorder under the Mental Health Act in need of child and adolescent medium secure care. This population includes young people with specific cultural needs and special needs such as deafness, blindness or other physical disabilities and it also includes young people with neurodevelopmental disorders with or without a learning disability.

Child and adolescent medium secure mental health services will need competences in the assessment and treatment of young people with such special needs. Many of these will receive appropriate treatment for their primary mental disorders in mainstream medium security with only minor adjustments to the care provided. In particular, services should have the skills and training (or to access such skills and training promptly) to meet the communication needs for all young people with and without special needs groups. There may be times when appropriate specialist advice or consultation (for example from the national Deaf CAMHS) should be sought.

When adjustments to child and adolescent medium secure facilities are not sufficient to enable adequate communication, equality of outcomes, or participation in the day to day activities or when a specialist treatment is needed then treatment in a specialist service will be required. This is of particular relevance to young people with a learning disability, who are likely to require admission to a specific learning disability medium secure unit to ensure equality of outcomes.

### **3.4 Any acceptance and exclusion criteria and thresholds**

#### **Acceptance Criteria**

- The young person is under 18 years of age at the time of referral  
AND:
- The young person is liable to be detained under either Part II or Part III of The Mental Health Act  
  
AND:
- The young person presents a significant risk\* to others of one or more of the following:
  - Direct serious violence liable to result in injury to people
  - Sexually aggressive behaviour
  - Destructive and potentially life threatening use of fire  
AND:
- There is clear evidence prior to referral that serious consideration (and testing where appropriate) of less secure provision will exceed the ability of available mental health services to meet the needs of the young person.

\* It is not necessary that the referred young person should be facing criminal charges for these risk behaviours, but it is necessary that there should be reliable accounts available of such behaviour.

## **Important considerations**

- Young people with mental disorder who present a grave danger to the general public (which may include some high risk young people who may have no offending history, as well as those who have been charged with or convicted of specified violent or sexual offences under Schedule 15 of the Criminal Justice Act 2003) should be referred to the NSFMHfYP (medium security) rather than low security.
- Young people who are directed to conditions of security under a Restriction Order by the Ministry of Justice (s.49 MHA); to include a young person in custody (remand or sentenced) OR have has been sentenced by a Crown Court to a Restriction Order (s.41 MHA) should be referred to the NSFMHfYP (medium security) rather than low security.
- On very rare occasions young people with particularly severe presentations which may include prolonged self-harm and particularly challenging behaviour who cannot be managed in any other setting will be considered for admission to medium security
- Young people with brief episodes of disturbed or challenging behaviour as a consequence of mental disorder (including neurodevelopmental disorders) are usually most appropriately cared for in PICU.
- When uncertain, referring clinicians are encouraged to seek advice regarding whether a young person would be most appropriately referred to low secure or medium secure; this advice can be provided by senior clinicians within the NSFMHSfYP network.

### **3.5 Interdependencies with other services/providers**

Child and adolescent medium secure mental health services are part of a spectrum of services whose function is to meet the needs of young people with mental disorders in need of specialist care and treatment in a secure environment. Adolescent medium secure mental health services also support young people in their recovery and rehabilitation and enable transitions into less restrictive environments as soon as possible.

#### **Key partnerships**

At National Level:

- NHS England Appropriate NHS and independent sector providers (including Adult Services, Tier 4 services, and low secure adolescent services).
  - Local Mental Health Services (including Tier 3 CAMHS and regional Forensic CAMHS).
  - Organisations representing young people, their parents and families (eg. Young Minds)

At Regional Level:

- Department of Health, Public Health Team, Home Office, Children and Young People leads
- Regional division of NHS England
- Regional Directors of Public Health
- Regional Children and Young People Health and Well-being Boards

- Regional Improvement and Efficiency Partnerships
- Offender Health Regional Strategy Boards (implementing Improving Health, Supporting Justice)
- Regional Children and Young People lead for the Association of Chief Police Officers (ACPO)
- Directors of offender management
- Commissioner and provider representatives for secure establishments
- National Treatment Agency regional managers
- Youth Justice Board heads of region
- Third sector organisations

At Local Level:

- Local Authorities (LAs)
- Local Safeguarding Boards & Public Protection panels
- Children's Services Authorities
- Commissioners (LA and Mental Health)
- Clinical Commissioning Groups
- Directors of Public Health
- Police
- Probation
- Housing
- Youth Offending Team (YOT)
- Third sector organisations
- Local Strategic Partnerships with:
  - Children's Trust Board
  - Local Children's Safeguarding Board
  - YOT Management Board
  - Crime and Disorder Reduction Partnerships
  - Drug Action Teams
  - Local Criminal Justice Board
  - CAMHS Partnership

#### **4. Applicable Service Standards**

Best practice guidance in respect of service provision within child and adolescent secure mental health services will be provided through a range of nationally agreed standards, guidance frameworks and legislation as well as mental health literature associated with adolescent mental disorders. Medium secure services, like all child and adolescent mental health services are expected to deliver care within best practice guidelines and any newly published mental health strategies that relate to the treatment of children and adolescents with mental health difficulties. Care standards should be agreed and coordinated by a national medium secure network; providers will be expected to adhere closely to such standards.



#### **4.1 Applicable legislation, national standards e.g. NICE**

- Care Quality Commission Standards for Hospitals and relevant guidelines regarding restrictive practices.
- Mental Health Act 1983
- Mental Health Act Code of Practice 2015
- NICE guidelines for a range of disorders (e.g. psychosis and conduct disorder)
- The National Service Framework for Children and Young People and Maternity services (DoH 2004)
- Every Child Matters in the Health Service (DoH, 2006)
- National Service Framework for Mental Health: Modern standards and service models (DoH, 1999)
- New Horizons for Mental Health (DoH, 2009)
- Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children (DFE March 2015)
- Standard for Better Health (DoH 2007)
- Healthy Children Safer Communities (DoH, 2009)
- Human Rights Act 1998
- The Children Act 1989
- Criminal Justice Act 1998
- Criminal Justice Act 2003
- Children Act 2004
- DoH Offender Mental Health Pathway 2005
- Mental Capacity Act 2005
- Code of Practice: See Think Act (Department of Health 2010).
- The Autism Act 2009
- The Evidence Base to Guide Development of Tier 4 CAMHS (Department of Health; Kurtz, Z April 2009)
- Promoting mental health for children held in secure settings: a framework for commissioning services. London: DH, 2007
- Procedure for the Transfer from Custody of Children and Young People to and from Hospital under the Mental Health Act 1983 in England (DoH, June 2011)
- Information Sharing - Advice for practitioners providing safeguarding services to children, young people, parents and carers (HM Government, March 2015)
- UN Convention on the Rights of Persons with Disabilities (perhaps an overall statement on Human rights issues).

#### **4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)**

- Quality Network for Inpatient CAMHS (QNIC) standards
- Standards for Adult Medium secure services (CCQI, 2007)
- Standards for Adult Low secure services (CCQI, June 2012)
- Healthcare standards for Children and Young People in Secure Settings (Royal College of Paediatrics and Child Health June 2013)
- Developing Services to improve the quality of life for young people with neurodevelopmental disorders, emotional/ neurotic disorders and emerging personality disorder (Royal College of Psychiatrists OP77 June 2011)
- Interventions for children at risk of developing antisocial personality disorder (Report to the Department of Health and Prime Minister's Strategy Unit; Utting et al March 2007).
- Better Mental Health Outcomes for Children and Young People (CHIMAT).

#### **4.3 Applicable local standards**

- The Admission Criteria and Process following referral to the NSFMHSfYP.
- Terms of Reference and Procedural Guidelines for the National Referral Group Meeting.
- NSFMHSfYP Security Group Peer Review Tool (currently in draft).

### **5. Applicable quality requirements and CQUIN goals**

#### **5.1 Applicable quality requirements (further details within Schedule 4 Parts A-C of the contract ('Quality Schedule'))**

##### **Clinical standards**

Adolescent Medium Secure Mental Health Services provide care and treatment by balancing three principles:

- as an **adolescent service** it has to provide developmentally appropriate care attuned to the complex needs this population typically presents with and it needs to facilitate the young person's emotional, cognitive, moral, educational and social development;
- as a **secure service** it has to provide a secure and safe environment that can effectively manage high-risk and often high cost behaviours and at the same time manage high levels of vulnerability;
- as a **mental health service** it has to provide comprehensive multi-faceted evidence-based treatments and evaluate their effectiveness.

Adolescent Medium Secure Mental Health Services must meet all three of the above principles to be effective and it would not be acceptable to provide a secure environment that compromises the delivery of therapy nor would it be acceptable to deliver therapeutic interventions in a manner that compromises the safety of its service users and staff. **Clinical standards will be specified elsewhere within the contracting process but and should be mediated via the national**

**medium secure clinical network.**

Clinical standards can be operationalised within three domains:

- indicators by which clinicians and operational managers can demonstrate compliance with the three principles mentioned above:
  - developmentally appropriate care;
  - secure safe environment;
  - multifaceted evidence-based treatments
- a description of the model of psychologically informed care which articulates how the above principles can be sustained;
- a description of standards and functions of the multidisciplinary team (MDT) with particular focus on medical, psychological, nursing, occupational therapy, social work, speech and language therapy and educational professionals' groups.

**5.2 Applicable CQUIN goals (See Schedule 4 Part D see the contract)**

**6. Location of Provider Premises**

**The Provider's Premises are located at:**