

SCHEDULE 2 – THE SERVICES

A. Service Specification

Service Specification No.	C11/S/c
Service	Child and Adolescent Forensic Outreach
Commissioner Lead	
Provider Lead	
Period	12 months
Date of Review	

1. Population Needs

1.1 National/local context and evidence base

National context

Secure adolescent in-patient mental health provision represents a highly specialist resource which should be considered to form part 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 in-patient 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. Service specifications for all forms of secure adolescent in-patient provision for adolescents (medium secure units (MSU), low secure (LSU) and psychiatric intensive care (PICU)) have recently been updated.

In order to ensure that highly specialised secure mental health in-patient provision is fully integrated into the spectrum of services in place for children and young people, it is crucial that there is highly specialist community provision which can mediate transitions in and out of secure in-patient care. Such provision does not currently routinely exist across all areas in England. In a minority of areas community child and adolescent forensic services have become established and this has allowed Department of Health-funded evaluation to take place and validated service models to be developed for the kind of provision that is now required (Dent, Peto, Griffin and Hindley, 2012).

This service specification will focus specifically on the functions required of a specialist mental health service such that it is able to mediate transitions into and out of secure mental health in-patient care. It is recognised that such a function cannot be achieved in isolation and requires a broader remit comprising full understanding of all forms of formal and less formal secure care in which young people from a given geographical catchment may be located. Such a service should also be able to prevent admission to all secure settings wherever possible when a meaningful alternative is feasible. Secure mental health in-patient provision forms only a part of a range of formal secure settings for young people in England; the majority of young people in such formal secure environments are detained either on remand or following sentence in secure youth justice settings (Young Offender Institutions, Secure Training Centres or Secure Children's Homes) or alternatively under the Children Act (1989 and 2004) on welfare grounds. 'Less formal' secure care refers to a range of other settings which are not classified as 'secure' but which may support high risk and complex young people by high levels of continual staff supervision.

There are currently two broadly distinguishable clinical groups of young people in secure mental in-patient provision ('forensic' and 'complex non-forensic'); such clinical groups are not necessarily mutually exclusive and there frequently is considerable overlap between them. There are three distinct forms of secure in-patient provision for young people

- Medium secure settings accommodate young people with mental and neurodevelopmental disorders who present with the highest levels of risk of harm to others (ie 'forensic' concerns) 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 also generally require significant lengths of stay from months to years.
- Psychiatric intensive care units (PICUs) for young people allow for containment of short-term behavioural disturbance which cannot be contained within an open adolescent in-patient unit or where such behavioural disturbance is associated with mental health concerns in other non-mental health settings. Young people in such settings may belong to the 'forensic' or 'complex non-forensic' groups. Levels of physical, relational and procedural security in PICUs is similar to those in low security but there would be fewer facilities (eg. educational and recreational settings) to support a young person over a sustained period of time than is the case within medium and low secure units

A secure outreach service needs to be familiar with the needs and differing care-pathways which exist for young people with 'forensic' and 'complex non-forensic' presentations. It is anticipated that such a service would concern itself in terms of direct clinical involvement with the 'forensic' group who currently present particular challenges to generic local CAMHS and other services. Whilst such a service would necessarily need to understand the needs of the 'non-forensic' population and provide advice and consultation where necessary, it is envisaged that direct clinical involvement may not be required routinely as such presentations at entry into, or discharge, from secure care are more likely to fall into the day-to-day remit of existing non-secure ('Tier 4') in-patient units or community CAMHS provision. Any secure outreach service would need to be flexible in its approach given that many presentations do not divide neatly into 'forensic' and 'non-forensic' groups.

Young people in all forms of secure care, special residential provision and, more generally in the youth justice system have high rates of mental health disorders, including neurodisability (Department of Health (DoH): Healthy Children, Safer Communities, 2009; Harrington, Bailey, Chitsabesan, 2005; Grisso and Schwartz, 2000; James and McCann, 1997). These children usually have complex needs in the sense that they are multiple (i.e. not just in one domain, such as mental health), persistent (i.e. long-term rather than transient), and severe (causing major disruption to the child and others and not responding to standard interventions). They frequently also may not have benefitted from a consistent approach in relation to concerns about their mental health and other needs. This group of young people with complex needs was highlighted some years ago in the National Service Framework for Children (NSF, 2004) as requiring special consideration; more recently the need for renewed focus has been emphasised in the report of the national CAMHS task force, 'Future in Mind' (DfE and DH, 2015). A care pathway model to include secure outreach services was recently advocated with the pre-procurement work undertaken by NHS England in 2015 to prepare for the planned procurement of CAMHS in-patient provision.

Over the last decade there has been a 50% reduction in young people sentenced to custody with a corresponding increase in numbers of young people with highly complex needs and high risk behaviours being placed instead in community settings and non-youth justice residential settings (frequently subject to care arrangements under the Children Act). These developments have resulted in a growing need for a consistent approach to mental health and risk assessment and guidance regarding the most appropriate form of intervention in high risk individual cases; this includes authoritative advice and identification of those cases which require a secure mental health setting as opposed to those which may be best managed elsewhere. Such advice and identification can best be undertaken by services familiar with the extent of local cross-agency provision as well as the different emphases provided by mental health in-patient, welfare and youth justice secure settings.

This service specification describes a secure outreach model of provision to a clearly defined geographical area. Such a service model entails expert consultation, assessment and interventional work to agencies working with young people with complex needs in the criminal justice and welfare systems as they make transitions into and out of secure services. A secure outreach service therefore supports and compliments the work already provided by mental health providers within all secure settings and seeks to continue such work beyond those settings. The model of provision described here is based on a validated service model hitherto applied to community forensic CAMHS (see Dent et al, 2012) and it should be read in conjunction with the current proposed service specifications for PICU, low and medium secure provision for young people.

Evidence base

A representative sample of papers and guidance relating to needs and services is listed below. Further references and more detailed outline of the content of this specification are to be found in Dent et al, (2012) as described in the paragraph above. Broader guidance relating to children and young people can be found in section 3.1 (page 10).

Studies of Mental Health Issues in High Risk Young People

- Prevalence of psychiatric disorders in young people in the care system. (McCann, J.B., James, A., Wilson, S., et al, BMJ, 1996)
- Psychiatric morbidity among young offenders in England and Wales. Office for National Statistics (Lader S, Singleton N, Meltzer H.). London: 2000.
- Adolescent development, mental disorders and decision making of delinquent youths. Kazdin AE. in Grisso T, Schwartz RG (eds), Youth on Trial: A Developmental Perspective on Juvenile Justice. Chicago: University of Chicago Press, 2000, vol. 2, pp. 33-64.

- The Mental Health Needs of Young Offenders, Mental Health Foundation (2002)
- Mental health needs and effectiveness of provision for young offenders in custody and the community. Youth justice Board for England and Wales (Harrington R, Bailey S, Chitsabesan P et al.) London, 2005.
- The National Service Framework for Children and Young People and Maternity services (DoH 2004) and Report on the Implementation of Standard 9 of the National Service Framework for Children, Young People and Maternity Services. Models of Good Practice: p32 Youth justice (DoH, 2006)
- Healthy Children, Safer Communities (DoH, 2009)
- Health needs assessment of young people in London with complex emotional, behavioural and mental health problems who are at risk of committing a serious offence. (YJB and NHS London, 2010)
- Hughes N, Williams H, Chitsabesan P, Davies R, & Mounce L (2012) Nobody made the connection: The prevalence of neurodisability in young people who offend. London: Office of the Children's Commissioner

Guidance and Studies of Provision for High Risk Young People

- Reaching Out, Reaching In: promoting mental health and emotional well-being in secure settings. (Centre for Mental Health (Khan L.), 2010)
- You Just Get On And Do It: healthcare provision in youth offending teams. (Centre for Mental Health, (Khan and Wilson) 2010)
- The Bradley Report, (Department of Health, 2009) and The Bradley Report 5 Years On (Centre for Mental Health, 2014)
- Promoting mental health for children held in secure settings: a framework for commissioning services. London: DH, 2007
- CQC transitions report / guidance (2012)
- Community Forensic Child and Adolescent Mental Health Services (FCAMHS): a map of current national provision and a proposed service model for the future. (Dent, Peto, Griffin and Hindley, Report for Department of Health, 2012)
- Community-based forensic child and adolescent mental health services in England, Scotland and Wales: A national mapping exercise (2015). Peto L., Dent, M., Griffin M., Hindley N. Journal of Forensic Psychiatry 26, 3, 283-296
- Forensic Mental Health Services for Children and Adolescents Part 1: Rationale for, and practical development of services (2016, in press) Hindley N., Lengua C., White O. Advances in Psychiatric Treatment

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.

Overall in England in 2015 there were over 1450 young people in secure settings at any one time. Over 300 of these were in secure mental health settings; the remaining 1100 were in either welfare secure (approximately 100) or youth justice custodial settings (approximately 1000). Young people in all types of secure setting have clearly established significant mental health needs.

In addition to the numbers of young people in formal secure settings there are significantly larger numbers of high risk young people with complex needs subject to high levels of supervision in a range of residential and special educational settings as well as in everyday community settings where needs and risk may be difficult to manage and therefore not be adequately addressed.

1.3 National Policy

Secure mental health in-patient services are currently provided by a range of NHS and independent sector providers and are commissioned nationally by NHS England. Three regional forensic CAMHS services (Thames Valley, Hampshire and Isle of Wight, and Newcastle and the North-East) are currently fulfilling a specialist secure outreach role commissioned by NHS England within the Tier 4 CAMHS remit. Such funding of individual services in this way does not, however, represent national policy.

There is not yet a fully integrated framework for the planning and coordination of mental health care pathways into and out of all forms of secure settings for young people. However, recent work undertaken within the pre-procurement phase in preparation for the renewed procurement of all CAMHS in-patient provision has emphasised the need for a clear care-pathway approach to include secure outreach provision in order to facilitate appropriate entry into, and discharge from, secure settings.

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.’.¹

Another key national is NHS England’s Five Year Forward View for Mental Health², it sets out priorities for children and adolescents’ mental health. An associated implementation plan has been published.³

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

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

¹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

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

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

The service is required to monitor clinical outcomes. Such monitoring should be standardised nationally and should include:

1. Data in relation to all young people who are referred including:
 - Demographic data
 - Reason for referral
 - Source of referral
 - Diagnosis at referral from referrer (including 'no diagnosis', 'diagnosis not known')
 - Statutory status (in relation to mental health, Children Act, youth justice, education) and record of professionals involved at referral
 - Speed of initial service response after referral has been made
2. Clinical measures
 - a) For consultation only cases
 - Relevant data to be agreed and standardised for consultation only cases
 - b) For cases clinically assessed

Measures should be collected at initial assessment, 6 monthly and at discharge and should include:

- Some form of structured record (such as SDQ (self-report, parent/carer and teacher), HoNOS-CA or CGAS) in cases which are clinically assessed.
 - Diagnostic information (ICD-10 multi-axial diagnosis including 'no diagnosis', 'diagnosis not known')
 - Summary of level of risk and complexity
3. Structured parent/carer, young person and referrer feedback
 4. At discharge:
 - Nature of level of service involvement ('advice', 'formal consultation', assessment/clinical intervention)
 - Level of other professional involvement at discharge from service

Generic clinical outcome measures may not alone be useful in measuring outcome in the young people seen by a secure outreach service in the light of the complex needs of this population. One approach that has proved helpful in previous external evaluations of services has been the establishment of a clear quantitative service database. This allows for routine service monitoring and periodic external review which combines service data with qualitative evaluation using service user, parent/carer and referrer feedback. In the event of secure outreach services being implemented nationally, a structured reporting format combining these various elements will be developed.

Services will be required to submit evidence of achievement of outcome measures as defined in the standard contract.

3. Scope

3.1 Aims and objectives of service

Secure outreach services should typically offer a range of provision to a specific geographical

catchment including clinical consultation and specialist assessment and interventions for young people with very complex needs across a variety of secure, custodial, residential and community settings. In addition to their clinical role, these specialist services are expected to undertake a range of strategic, service development and training functions. Where they exist, these services (currently in the form of community forensic CAMHS provision) in some areas have emerged as an integral part of child and adolescent mental health (CAMHS) provision where they undertake a range of specialist functions at a regional level. They therefore supplement coordinate and support, rather than replicate, local CAMHS and provision from other agencies which may be available to high risk young people. The services focus on the maintenance of strong links with all agencies locally including children's social care, youth justice, education and third sector providers. They also form a crucial link between local services and young people in all forms of secure or specialist residential settings; the location of such settings may mean that a young person is placed geographically at a considerable distance from home in an environment with which routine local services have little familiarity.

The aim of the service is to address the mental health and risk management needs of young people in the youth justice system or presenting with high risk to others or complex needs elsewhere. The service aims to:

- Support access to relevant provision across agencies in line with the young person's identified mental health or complex needs including transition to, and discharge from all forms of secure services.
- Ensure admission to secure inpatient settings is only undertaken when clearly indicated and where possible, ensure that meaningful, less restrictive alternatives to such admission are put in place.
- Improve mental health and well-being by identifying and addressing the mental health needs of high risk young people in a range of secure, residential and community settings
- Minimise risk of harm to self and others
- Supplement local provision across agencies with specific specialist input relating to the understanding and management of high risk cases
- Promote social inclusion and ensure parity of provision for young people within the service remit
- Promote and support young people's developmental potential

The service will meet these aims through the provision of specialist advice, formal consultation, assessment and intervention for young people presenting with significant risk to others and complex needs beyond that which can be provided by other CAMHS services. The service will be commissioned to work in partnership with wider agencies to ensure central integrated care provision across health, social care, education and youth justice to optimise the outcomes for young people. This includes teaching and training and promotion of allied service development where there are identified gaps in provision.

The service will assess, deliver and support interventions for young people with mental disorders and high risk or complexity whether within or outside the youth justice system and does not exclude young people with neurodisability (although it would seek specialist support as required in such cases).

Underlying Principles

The service will be delivered in line with the following principles:

- Flexibility and accessibility of approach associated with clear and authoritative communication of opinion; flexibility should apply in some cases to age of young person depending on need and appropriateness of ongoing service input beyond eighteenth birthday
- Enablement of the wider care system: allowing consideration of the needs of high risk

young people and ensuring that decisions on placement are based on individual need rather than systemic constraints

- Facilitation of joint working with other professionals and agencies wherever feasible and appropriate
- Provision of safe, timely and effective (evidence based / best practice) assessment and intervention across the different stages of the care pathway. This will include ensuring that all appropriately identified young people from the catchment in question receive the same quality of input and follow-up irrespective of their geographical location or the nature of their current placement.
- Assessments will take place in the child's local area/current residential placement or in a setting appropriate to the child and family's needs (as opposed to a setting most convenient for the service)
- The service will be accessible to all young people from an identified geographical catchment regardless of sex, race, gender or current geographical location
- Promotion of attachment, achievement of developmental potential, healthy family functioning and continuity of care wherever possible

3.2 Service description/care pathway

General and Specific Functions

Key roles for secure outreach services can be summarised in a number of general and specific functions:

General functions include:

- facilitation of smooth transitions for young people both between different services and agencies working with young people and between children's and adult services;
- coordination of, and liaison with, mental health services across community and secure settings, and ensuring that care is provided in line with the welfare principles of the Children Act (1989 and 2004) and Code of Practice 2015 to the Mental Health Act (as amended 2007)
- specialist support for local services to enhance delivery of responsive child-centred care in high risk cases through multiagency care-planning and promotion of user engagement in care and wider service provision
- reduction and management of the potential risks posed by the young person to others and self through individualised treatment plans and clinical risk assessment and management processes; this will frequently be achieved in collaboration with other agencies
- specialist mental health assessment (including forensic assessment where appropriate) and intervention in high risk cases where there is a need for specialist opinion to ensure that young people presenting high risk of harm to others or self are managed in the most appropriate way
- to ensure in collaboration with other agencies, where appropriate, evidence-based treatment for complex high risk cases, through a wide range of interventions to address individual's mental health, welfare and educational needs
- development of joint working arrangements with CAMHS and other children's services to support the management of high risk and complex cases
- to inform and develop strategic links between local provision and regional and national specialist services

Specific Functions

The service should act as a tertiary referral service for CAMHS teams (including CAMHS/Youth Offending Team (YOT) link workers and neurodisability services for young people) and other agencies. The team should be accessible to all agencies (e.g. social services, YOTs, prisons,

courts, solicitors, education, health commissioners etc.) that may have contact with young people exhibiting risky behaviours or young people in the youth justice system who have mental health difficulties. For this reason, initial contacts about possible referrals should be welcomed from all agencies. Following such contact a decision can be made about the advisability of further, more formal secure outreach team input. In the event of further involvement being considered necessary and the referral source not being from CAMHS, the child's local CAMHS team would be notified and further involved at this juncture.

Specific functions include:

- facilitation of transition into, and out of, secure settings for young people, providing support, advice and practical input as required, follow-up of cases where young people move out of area, facilitating, where appropriate, return from secure custodial, welfare or mental health placements; the service will take a particularly active role in fulfilling this role with the 'forensic' group of young people; a facilitative role with less direct involvement is likely with 'complex challenging behaviour' group who are likely to be better known to and followed up by Tier 4 and CAMHS outreach teams.
- strong emphasis on liaison with all agencies to promote working arrangements and facilitate access to mental health assessment and intervention
- liaison and advice to youth offending teams; courts and the legal system as a resource for general advice, liaison, formal consultation and, on occasions, specialist assessment and management advice to courts and the youth justice process (e.g.: potential for diversion, fitness to appear/plead; risk assessment in cases with clear mental health/neurodisability component, recommendations for appropriate disposal and follow-up)
- formation of strong links with services providing mental health in-reach into youth justice or welfare secure settings within catchment and with agencies such as children's social care and education who may be placing young people with complex needs in highly supervised other settings
- strategic role and authority to develop effective strategic partnership relationships, particularly with children's social care and the youth justice system, that successfully influence appropriate multi-agency developments to cater for other needs of complex, high risk young people (e.g. separately commissioned services for young people with sexually harmful behaviours, mental health in-reach to local secure welfare or custodial settings and involvement in criminal justice liaison and diversion teams). Identification of existing gaps in local and regional service provision and leadership in identifying remedial action.
- provision of training to practitioners from all agencies in relation to areas within the service's specialist remit (eg. principles of working with high risk and complexity, risk assessment and management, understanding the interface between different legislative frameworks)
- prompt response to initial contact from referrer (within 5 working days)

Referral Criteria

The referral criteria are deliberately broad and allow contact with the team in relation to young people under 18 about whom there are questions regarding mental health or neurodisability who:

- present high risk of harm towards others and about whom there is major family or professional concern
- and/or are in contact with the youth justice system
- OR about whom advice about the advisability of an appropriate secure setting is being sought because of complexity of presentation and severe, recurrent self-harm and or challenging behaviour which cannot be managed elsewhere; in such cases, where non-secure in-patient services or locality CAMHS teams are usually extensively involved, the input from the secure outreach service is likely to be advisory or consultative rather than requiring direct clinical involvement

Referral Process

- The team will seek to make itself accessible to any professional who wishes to make initial contact or enquiries regarding a young person giving cause for concern and about whom there are questions regarding his/her mental health ('the referrer').
- The referrer will undertake an initial short verbal discussion (either face to face or by phone) with a designated member of the service. The outcome of this initial discussion will result in feedback to the referrer and agreement about further action: a) no further input required (not within referral remit) or mediation of referral to more appropriate service b) referral accepted for further, more detailed formal consultation
- If the referrer is not from a local CAMHS team and the referral is accepted for further input after an initial discussion, the secure outreach team will always discuss the referral with the young person's local CAMHS team. This will facilitate a clear joint approach to the referral from relevant mental health providers and, wherever possible, joint assessment and working can be undertaken.

Possible Referral Outcomes

Once contact has been made with the service there are a number of possible outcomes. These are as follows:

- Referral not accepted
- Referral accepted for either brief advice (including signposting to appropriate services) or more detailed formal consultation with referrer/local network regarding young person's presentation
- Formal consultation requires pre-arranged in-depth case discussion and should include prior provision of background documentary information by the referrer. There is initial agreement that such discussion takes place on the basis that the outreach service has not had direct clinical input with the young person in question and that advice/recommendations are provided in line with general management principles. At the end of the formal consultation a course of action will be agreed between referrer and secure outreach clinician. This may result in a) no further current input required b) referrer and outreach service clinician agree local plan of action and that direct input not immediately required; secure outreach team to keep case open and seek progress update before closing or becoming directly involved c) outreach team agree to become directly clinically involved usually in conjunction with referrer. The outreach team will always summarise formal consultation and its agreed outcome in writing to the referrer.
- Following formal consultation referral accepted for specialist assessment and clinical input as required. This outcome requires the home team and network to remain involved with the case (e.g. by providing a care/case coordinator) and usually to participate in ongoing risk-management in conjunction with the outreach team. Following the assessment, the secure outreach team will remain involved, as appropriate, to support the local network to manage the case and to provide specific intervention. This will include facilitation of admission for secure in-patient care with relevant providers (with which the secure outreach service will be well-acquainted) and support for the referrer and local services within the formal NHS England referral process. Written feedback to referrer outlining details of assessment and recommendations will be provided to referrer and relevant others including family/carers and/or those with parental responsibility.

Contact with the case will not automatically end if the young person in question moves out of catchment into specialist residential, custodial, educational or secure mental health in-patient provision. Indeed, the secure outreach team may be the CAMHS team best placed to follow the young person through any out of county placement and ensure that the young person's needs continue to be met and that transition back to the home area can be facilitated.

Discharge and Care-Planning

Referrers will retain overall clinical responsibility for young people they refer and assume a case coordination role irrespective of level of outreach team involvement. In this way the service local to the child remains linked with the child's progress and can ensure local case management. Referring services should identify a case coordinator who will remain in contact with the case throughout the period of involvement from the specialist secure outreach team.

Any discharge from the service, irrespective of level of input required (whether short or longer term, consultative or involving direct clinical assessment and intervention), should be undertaken in consultation with the referrer and the child/young person and/or their parent/carer or person with parental responsibility, as appropriate.

The service will put in place a discharge plan at the point of discharge. It should also ensure rigorous care-planning from the point of referral and ensure that meeting of need and risk management is clearly prioritised. This should take into consideration the needs and wishes of child, young person and family, and the involvement of other professionals. A copy of the discharge planning information will be given to referrers, families/carers or those with parental responsibility, general practitioners and, with the permission of the family, to any other involved professionals.

Children and young people may move to other services and other geographical locations. Such transitions will be planned and monitored as appropriate. This may require liaison and ongoing support for the young person from the service.

Interventions

Treatment of mental health need in high risk young people and young offenders is the same as that clearly evidenced for other young people with mental health difficulties as outlined for example in NICE guidance. The team is required to be competent in ensuring that such treatments are delivered when required in a wide variety of different settings and that professionals in such settings are adequately supported to do this. In addition, it is necessary for the team to have wide experience of interventions or support packages which may be specifically of value in young people with offending behaviours. Whilst the team may not itself deliver such interventions, it will frequently be asked to provide clear opinion with regard to the best course of action in individual cases. Specialist knowledge of different types of residential and educational settings or the applicability of different therapeutic interventions (such as Multi-Systemic Therapy, Dialectical Behaviour Therapy, Treatment Foster Care or treatment of sexually harmful behaviours) in such situations is necessary.

Staffing

The secure outreach team will be multidisciplinary and will have specialist mental health and forensic experience in the assessment and treatment needs of complex high risk young people. In particular, the service will have to have specialist understanding of statutory mental health, welfare, youth justice and educational processes and understanding of the interfaces between them. The emphasis should be on a small, highly experienced and active team whose members are thus equipped to provide authoritative specialist support to local generic networks.

Secure outreach team members should include combination of some of the following:

- Consultant psychiatrist (s) (wherever possible dual trained Forensic and CAMHs; otherwise clearly demonstrating the required clinical competencies formalised with a dual training)
- Senior grade clinical psychologist(s) with appropriate forensic experience

- Clinical nurse specialist/senior mental health practitioner(s) (at least Band 7)
- Other relevant specialist professionals (e.g. forensic psychologist, social worker) with appropriate experience in this area
- Dedicated team administration

The function of the specialist team combines support for generic child and adolescent services and specialist clinical assessment and intervention skills. The role of the consultant psychiatrist is essential given the specialist knowledge of the Mental Health Act required in this work.

Psychology support is also crucial given the frequent need for structured psychometric cognitive and other psychological assessments as well as consideration of appropriate interventions. The administrator's role is central and requires a wide-range of skills and coordination of a peripatetic team.

Staffing levels per catchment will be determined in line with the team's core functions, catchment population and geographical size and levels of deprivation.

3.3 Population covered

The service outlined in this specification is for young people ordinarily resident in England. The catchment for each service should be 'regional' in the sense that it covers a population and/or geographical area considerably more extensive than locality teams in line with the service's specialist remit. However, at the same time the catchment should not be so extensive either in terms of population or geography that the secure outreach service cannot establish meaningful and constructive relationships with agencies working with young people. In their mapping paper, Dent et al (2012) recommend that a service should cater for a total population of about 2.5 million; this figure is empirically based on the experience of two regional FCAMHS teams, Thames Valley and Hampshire/Isle of Wight which cover mixed urban and rural catchments. It is likely that the catchments of some services working either in densely or sparsely populated areas or in areas with particularly high levels of deprivation will need to be organised accordingly.

Specifically, the secure outreach service is commissioned to provide and deliver high quality mental health liaison, assessment and intervention for high risk young people with complex needs living within catchment (or belonging to that catchment but placed elsewhere) who meet the following criteria:

- under 18 years old at the time of referral (no lower age threshold for access to the service although most referrals will be for 10 to 18 year olds)
- presenting with severe disorders of conduct and emotion, neuropsychological deficits or serious mental health problems with/without learning difficulties or where there are legitimate concerns about the existence of such disorders
- usually involved in dangerous, high-risk behaviours whether they are in contact with the youth justice system or not. This will include young people who present a high risk to others through such behaviours as fire setting, physical assault and sexual offending.
- in exceptional cases, are not high risk (not primarily dangerous to others) but have highly complex needs (including legal complexities) and are causing major concern across agencies

3.4 Any acceptance and exclusion criteria and thresholds

Secure outreach provision will be commissioned to be receptive to referrers from a wide range of agencies and settings working with young people (for further details see section on referrals, pages 8 and 9. Experience has shown that reliance on a single referral source (for example local CAMHS) can result in unnecessary delay and also in young people with clear mental health needs who have become disengaged from CAMHS not being referred at all. The service therefore needs to be sufficiently accessible at point of referral so that all cases requiring

specialist input are identified; as elsewhere in the health service, for example A&E departments, where there are serious consequences associated with misidentification at point of referral, discussion and subsequent, more formal consultation with referrers, should be undertaken by experienced members of the team and not delegated elsewhere. There should be very clear expectation of meaningful engagement with the specialist outreach team (frequently amounting to joint working) from a child's local CAMHS team for any child referred by agencies other than CAMHS.

It is for this reason that the service will have broad and inclusive criteria for initial contact with the team rather than applying more restrictive and rigidly defined criteria; flexibility should apply in some cases to age of young person depending on need and appropriateness of ongoing service input beyond their eighteenth birthday. Furthermore, the team does not necessarily expect that a young person at referral will have a previously diagnosed mental health difficulty. Once again, experience has shown that reliance on previous contact with CAMHS as a referral criterion can result in young people with current clear mental health problems or neurodisability missing out on assessment and input.

Inclusive referral criteria do not mean that the team's specialist skills are not being used efficiently. The clarity of the graded referral process means that:

- specialist assessments and interventions are only undertaken when absolutely necessary
- local services are supported to continue their work with identified young people and are encouraged to do this in situations where they might not have felt able to do so
- young people receive input at a level commensurate with their needs and with their potential for risk of harm to others or themselves

3.5 Interdependencies with other services/providers

Secure outreach teams necessarily must be expert in liaising and establishing good working relationships with a wide variety of agencies and institutions. This is essential if they are to ensure the best outcomes for the young people with whom they have contact. The teams must be capable of advising, supporting and challenging such agencies and institutions as appropriate. At times their role in high risk cases will involve the containment of anxiety whilst at others it will involve the injection of concern where risks were hitherto poorly recognised and addressed.

Secure outreach teams will also provide education within the NHS and beyond to raise and maintain awareness of the needs of young people with high risk and complex presentations and needs.

All secure outreach services should be adept at working across agencies and institutions operating not only locally but also at regional and national levels

It is expected that all secure outreach services will actively contribute to a national clinical (yet to be developed) which will ensure parity of provision and determination of uniform clinical standards and monitoring. This network should also ensure continuity of provision for young people if they move between placements in different regions although it would be expected that the child's home-based service would maintain contact with the child and his/her family.

3.5.1 Co-located Services

Geographical colocation within existing CAMHS provision is highly advisable. This reinforces the fact that such services constitute a part of CAMHS provision and that their primary concern is to be part of an overall care pathway for children and young people with mental health or learning difficulties. Such an arrangement also facilitates access and allows meaningful feedback whilst

preventing isolation of a specialist service. Premises should be available to the team to undertake clinical assessments as they are available within other CAMH services. However, it is likely that the team will need to exercise considerable flexibility to ensure that the best assessment outcome is achieved for the child and his/her family; clearly this will involve proximity to residential provision but will require attention to the need for privacy and confidentiality and putting the young person at ease.

As a consequence of such considerations, the team is likely to be peripatetic but should retain a clearly defined team base.

3.5.2. Interdependent Services

At National Level:

- Nationally recognised providers of specialist secure adolescent medium and low secure mental health and neurodisability in-patient care
- Youth justice custodial settings (Young Offender Institutions (YOIs), Secure Training Centres (STCs) or secure children's homes)
 - Secure welfare settings
 - Other secure outreach providers
 - Other providers of highly specialist residential or educational care for young people

At Regional and Local Levels:

- Local establishments providing secure mental health or neurodisability inpatient care or those catering for other secure care on youth justice or welfare grounds
 - Commissioners of CAMHS (including LD) services
 - Public health
 - Senior managers in children's social care in different local authorities
 - Youth justice (YOT) services and youth and crown courts
 - NHS and independent providers of non-secure in-patient care
 - Providers of residential care
 - Providers of special education
 - Police, in particular senior officers responsible for youth justice, but also teams particularly involved with young people (eg. child abuse investigation units)
 - 3rd sector organisations working with young people, particularly those who are hard to engage
 - Crown Prosecution Service, in particular decision-makers in relation to youth crime
 - Safeguarding leads in all organisations (eg named and designated professionals, local authority and education safeguarding leads)
 - All services working with children and young people (eg CAMHS, social care, education, substance misuse, youth justice)
 - Adult mental health and forensic mental health services (including those for people with learning difficulties)

4. Applicable Service Standards

Best practice guidance in respect of service provision within secure outreach services will be provided through a range of nationally agreed standards and guidance frameworks. Such 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 nationally; providers will be expected to adhere closely to such standards.

4.1 Applicable legislation and national standards e.g. NICE

- Mental Health Act 1983, as amended 2007
- Mental Health Act Code of Practice 2015
- NICE guidelines for a range of disorders occurring in children and adolescents (e.g. psychosis and conduct disorder)
- Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children (DFE March 2015)
- Healthy Children Safer Communities (DoH, 2009)
- Human Rights Act 1998
- The Children Act 1989 and 2004
- Criminal Justice Act 1998
- Criminal Justice Act 2003
- 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).
- Healthcare standards for children and young people in secure settings (2013) Intercollegiate Document (Royal College of Paediatrics and Child Health (RCPCH), Royal College of General Practitioners, Royal College of Nursing; Royal College of Psychiatrists, Royal College of Forensic and Legal Medicine and Faculty of Public Health)

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

The service is required to comply with the following national standards, guidance, frameworks and legislation as listed below:

- The Children Act 1989 and 2004
- Mental Health Act 1983 as amended in 2007
- Human Rights Act 1998
- Mental Capacity Act 2005
- Crime and Disorder Act

- DoH Offender Mental Health Pathway 2005
- NICE mental health guidelines
- Working Together to Safeguard Children (2010) and relevant subsequent legislation
- National Service Framework for Children, Young People and Maternity Services (2004)
- Every Child Matters in the Health Service (DoH, 2006)
- New Horizons for Mental Health (DoH, 2009)
- DoH/YJB Information Sharing Guidance
- Future in Mind (DoH and DfE, 2014)

4.3 Applicable local standards

A range of clinical and other standards will be developed and applied by a national clinical network (as is currently the case for young people's medium secure settings and is under development for low secure settings). Such a network does not currently exist for secure outreach provision

Standards might include procedure relating to:

- Referrals
- Practice models (eg. stepped approach to referrals: advice , formal consultation, assessment and intervention)
- Practice standards
- Staffing.
- Service evaluation

5. Applicable quality requirements and CQUIN goals

Applicable quality requirements (further details within Schedule 4 Parts A-C see the contract ('Quality Schedule'))

Secure outreach services will need to demonstrate that they are achieving the core aims of the service (see section 3.1. These core aims are as follows:

- Support access to relevant provision across agencies in line with the young person's identified needs, including transition to secure or adult services or discharge from secure provision for young people from catchment as appropriate
- Improve mental health and well-being by identifying and addressing the mental health needs of high risk young people in a range of secure, residential and community settings
- Minimise risk of harm to self and others when it is linked to mental disorder
- Supplement local provision with specific specialist input
- Promote social inclusion and ensure parity of provision for young people within the service remit
- Promote and support young people's developmental potential

Demonstration of the achievement of these aims will require clear evidence of the following service functions:

- Close liaison with national adolescent forensic in-patient units, youth justice and welfare secure settings

- Longitudinal follow-up of identified cases
- Ensuring of smooth transition for relevant high risk young people to adult services
- Secure setting and court liaison including specialist understanding of and ability to influence care of an identified young person within team's specialist remit
- Advice and mediation of contact with appropriate services to referring professionals
- In-depth formal clinical consultation with referring professionals
- Specialist (mental health and risk) assessment and recommendations/provision of intervention
- Multi-agency liaison and active promotion and facilitation of case planning including ensuring of appropriate evidence-based treatments and care
- Ability to deliver psychopharmacological, psychological and family-based interventions as necessary
- Delivery of specialist support and training to identified colleagues within catchment (e.g. CAMHS/YOS link workers, YOTs, individual CAMHS teams, children's social care and residential placements and education)

In addition, there will be a need to collect further service and clinical data so that demonstration of achievement of aims can be achieved. An example of a suitable comprehensive database is provided in the appendices of the report by Dent et al for the DoH (2012).

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

6. Location of Provider Premises

The specialist services are to be:

- Located within providers with existing broad-based CAMHS provision
- Regionally located and provided on a network model to ensure there is consistent and equitable nationwide coverage.
- Provide outreach across each region and ensure that there is appropriate coverage to meet the population needs according to population density, geographical distribution and levels of deprivation

The Provider's Premises are located at: