health, Neonatal, Adult, Child Social services, CMHTS, Police, Criminal Justice and primary care.

Simple entry criteria: 1. Substance Dependence 2. Positive pregnancy test with referral taken from any service. Patients receive comprehensive initial assessment covering addictions, mental health, social circumstances, obstetric history and physical health evaluation including foetal US scanning. Led by a team of psychiatrist, midwife, obstetrician and substance worker.

Evaluation identifies risks from mental, physical health, safeguarding, support needs and formulates an initial engagement and management plan. Referral into all necessary organisations. A staggered follow up plan per every trimester agreed.

Commencement or planned reduction of Opiate Substitution Therapy (OST), medication rationalisation, nutritional advice, enhanced antenatal monitoring. The regular follow-up via fortnightly midwife, drugs worker review. Monthly medial review in the clinic.

The support from perinatal psychiatry teams, CMHTS, Social services, Criminal Justice safeguarding teams is roped in when needed. Child protection, safeguarding issues are addressed. Clear multi-directional communication is maintained at all times. A safe delivery plan along good neonatal management ensured with appropriate outcomes for mother & baby are achieved.

Results. Since 2019, this initiated 16 patients with various complexities. 12 women left hospital with their baby in their care. 1 left the area during the pregnancy. 2 babies were removed into care. 1 had a miscarriage, 1 had a false positive test. All women received contraceptive advice, one got tubectomy and many on long-term contraception. No significant mental health relapses or admissions. All managed to stabilize or reduce their opiates issues.

Conclusion. This One Stop Clinic has effectively addressed the complex needs of perinatal addiction patients. Centralised provision of care, duplication avoided, clear communication was a welcome relief for patients. Clinic has won a quality award.

Staying Too Long – A Review of Delayed Discharges From Paediatric Wards

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Aims. Since 2020, there has been an increase in children with mental health presentations ending up on general paediatric wards. Hospitals are identified as a place of safety for young people in crisis, though admission to a paediatric ward is not without risk for the child and staff involved in their care. Stays are often prolonged and classed as delayed discharges. This evaluation looks at 22 admissions to general paediatric wards within an acute health trust in Greater Manchester.

Methods. Local CAMHS teams identified 22 patients with a mental health presentation who had been admitted to paediatric wards and had delayed discharges between September 2021 and December 2023. Their electronic notes were analysed to identify number of bed days and CAMHS contacts, legal status, and discharge destination. Incident reports of each admission were analysed, and categorised into 'Restraint/Rapid Tranquilisation', 'Assault on staff' 'Self harm' 'Abscondence' and 'Other'.

Results. Of the 22 cases analyses, total bed days were 1469. The average number of bed days was 66.7. 6 admissions were over 100 days with the longest being 186 days. The majority (19) of the presenting complaints were categorised as 'self-harm' and /or 'suicidal ideation'. The average number of core CAMHS contacts was 23 per admission, with an average of 9 consultant contacts, 5 Junior doctor out of hour contacts, and 32 meetings (e.g. discharge meeting, strategy meeting) requiring CAMHS attendance. 11 admissions involved assault on staff, with the highest number of assaults 48 during a single admission. 18 of the admissions required additional staffing (clinical support worker, security). Three patients required police to be called to the ward due to assault on staff. 9 of the patients were discharged to a social care placement, 8 were discharged home. The remaining were discharged to inpatient unit, day unit or to a family member.

Conclusion. Mental health admissions to paediatric wards are associated with a high level of CAMHS contacts provided by Tier 3 staff, which creates a previously unseen burden on the service. Admissions can be prolonged. Patients are cared for in an environment which is not designed to meet their needs. This is demonstrated by high level of patients absconding from the ward and increased restrictive measures such as restraint and 1:1 observation. Admissions are also associated with high levels or assault on staff. Further work is needed to evaluate the economic impact of additional staffing on paediatric wards, as well as the impact on paediatric nursing and security staff.

Assessing Physical Health Risk in People With Intellectual Disability Using the Decision Support Tool for Physical Health [DST-PH]

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Aims. Accurately and comprehensively assessing physical health risk for people with intellectual disability (ID) is paramount in improving health outcomes, reducing the need for acute hospital admissions and preventing mortality. We aimed to compare the existing approach to assessing physical health risk with the use of a novel standardised risk stratification tool, the Decision Support Tool for Physical Health [DST-PH]. We hypothesise that DST-PH will be useful in improving and streamlining the assessment of physical health risk factors in people with ID.

People with ID are more likely to have poorer physical health outcomes and are at increased risk of premature and preventable death. Annual data from LeDeR (Learning from lives and deaths – People with a learning disability and autistic people) consistently underlines the need for developing strategies that reduce the risk of people with ID developing conditions associated with high causes of morbidity and mortality.

The DST-PH is an online tool that helps clinicians to identify people with ID who are at increased risk of early and preventable death. The tool captures key patient data about underlying health issues and risk factors that can contribute to poor health outcomes. Patients are then stratified according to their overall