**LLR Children and Young Peoples Services**

**Complex Care Escalation Process**

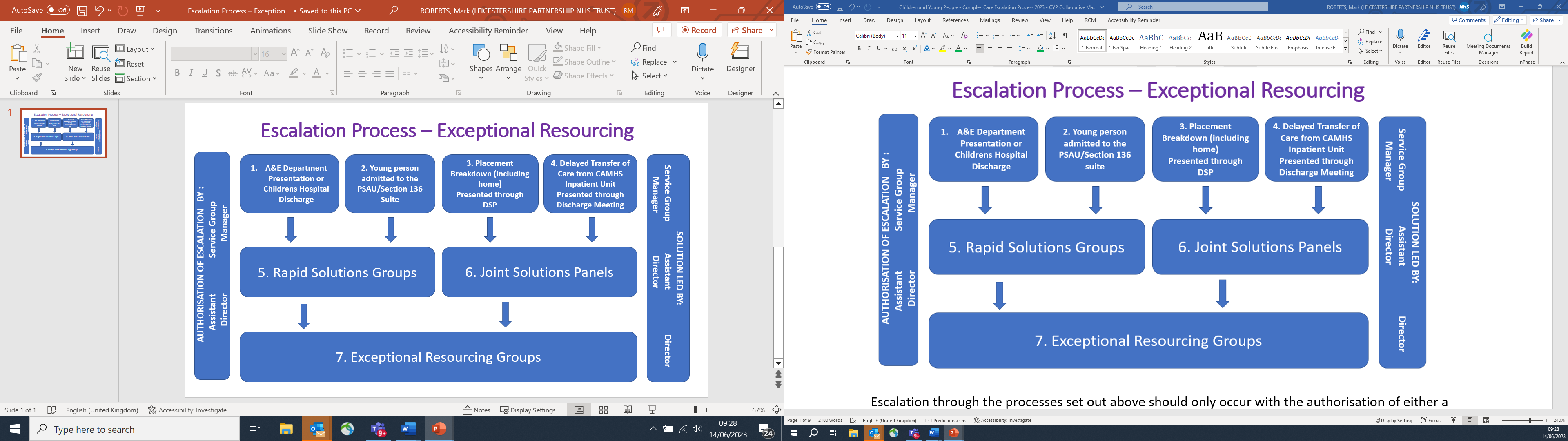
**Introduction**

This guidance aims to support leaders within Leicester, Leicestershire and Rutland to access timely support to progress the care arrangements of local children and young people. Our operational teams of multiagency staff successfully work together to plan and commission care for most children and young people. However, it is recognised that the complex care required to meet the needs of some children and young people will require extraordinary and bespoke arrangements that necessitate the authorisation of more senior colleagues.

Solutions will not only be found through additional spend, but through working outside of routine operating arrangements. Consequently, stakeholders should seek to delegate authority, increase freedom to act and approach problem solving in the spirit of ‘the art of the possible’ to avoid the need for escalation.

The diagram below sets out the four routes of presentation, key forums, leadership roles involved, and levels of authorisation required for escalation of cases.

Diagram 1. Forums, leadership, and authorisation



Escalation through the processes set out above should only occur with the authorisation of either a Service Group Manager or Assistant Director or their equivalents within the partner organisations. Escalation should occur immediately once local solutions have been exhausted at the preceding level and when the multiagency team involved operationally is unable to make timely progress. The timeline for escalation will be determined by the lead manager in response to the needs of the child, young person, family/carers and the current care providers.

The importance of clear communication at every point cannot be over emphasised; time taken on capturing brief and accurate notes and their timely circulation following each meeting is essential.

This document will be published on the LPT public website and maintained and updated as required by the Assistant Director for FYPCLDA and the Service Group Manager responsible for the CAMHS Inpatient Unit at Leicestershire Partnership NHS Trust.

The performance of these arrangements will be reviewed bi-annually by the LLR Children and Young Peoples Collaborative.

The remainder of this document sets out more detailed guidance agreed by the partners for the four routes of presentation noted above:

1. the management of care for children and young people with mental health, learning disabilities and / or autism and / or placement needs at the Accident and Emergency Department and Childrens Hospital
2. the management of children and young people with mental health, learning disabilities and / or autism and / or placement needs at the LPT PSAU/Section 136 Suite
3. the management of care for children and young people who are on the Dynamic Support Pathway with mental health concerns, learning disabilities and / or autism whose placements are at risk of breaking down
4. the identification and commissioning of care arrangements for children and young people with mental health, learning disabilities and / or autism in order to facilitate their discharge from a CAMHS inpatient unit

This document does not change the statutory responsibilities of any of the partner organisations.

**1. Accident and Emergency Presentation**

The process map embedded below outlines a young person’s journey should they require an assessment due to emotional, behavioural or mental health needs when in a crisis. It describes how our multiagency team will address the decision making and the actions required.

If through this operational process it is not possible to reach a satisfactory and/or timely conclusion for the child, young person or the services involved the Service Group Manager or equivalent in any of the partner organisations involved may request the creation of a Rapid Solutions Group. Details of Rapid Solutions Groups are be found in section 5 below.



1. **Admission to the PSAU /Section 136 Suite**

When there are immediate concerns regarding a young person’s mental health presentation in the community, they may be brought for assessment to LPTs place of safety unit/136 suite (PSAU) led by the adult mental health team. If the assessment concludes that the individual doesn’t require admission to a mental health inpatient unit they will be discharged back to their home or community placement. Alternatively if the assessment concludes that they do require admission and a suitable bed is not available, they may be admitted to the PSAU. Whilst this should be avoided it occurs when there is a lack of capacity in the CAMHS Unit (LPT’s Beacon Unit) and also a lack of capacity in out of area CAMHS Units. This can occur for young people with or without a learning disability and both autistic and non-autistic young people.

Due to the limited capacity of the unit and the critical need to maintain access to the PSAU, and to best meet the needs of the young person, transfer to a more suitable inpatient bed needs to occur quickly.

If through routine operational processes it is not possible to reach a satisfactory and/or timely conclusion for the child, young person or the services involved the Service Group Manager or equivalent in any of the partner organisations involved may request the creation of a Rapid Solutions Group. Details of Rapid Solutions Groups are be found in section 5 below.

1. **Placement Breakdown**

The Dynamic Support Pathway (DSP) in LLR serves to organise interventions to avoid the escalation of needs of children and young people living in the community who are autistic or have a learning disability. The DSP includes a live database of individuals and a single referral route. Further information about the DSP can be found at: [Dynamic Support Pathway - Leicestershire Partnership NHS Trust (leicspart.nhs.uk)](https://www.leicspart.nhs.uk/services/dynamic-support-pathway/) and referral to the LLR DSP can be made here: <https://llrldadmissionavoidancetool.leicestershire.nhs.uk/>

The DSP aims to identify concerns early and organise additional support to prevent further deterioration that may result in a crisis e.g. breakdown of family unit, care order, admission to hospital, offending behaviour, contact with the criminal justice system or a serious untoward incident. The DSP is part of a three-pillar approach; supported by the LLR Key Worker Programme and nationally mandated and independently chaired Care Education and Treatment Reviews.

Escalation of care needs for children and young people with mental health needs who are neither autistic nor have a learning disability are addressed through a multiagency meeting (MAM). Whilst these forums are not nationally mandated or independently chaired, escalation to the appropriate Joint Solutions Panel remains possible from these forums.

If following co-ordinated multiagency intervention the team is unable to achieve a satisfactorily stable placement the Service Group Manager or their equivalent may escalate to the appropriate Joint Solutions Panel following the processes described in section 6 below. For autistic children and young people and children and young people with a learning disability a CeTR must be held before escalation occurs.

Following engagement with the MDT the timeliness of escalation will be judged by the Service Group Manager or equivalent within any of the partner organisations involved based on the relationship between the needs of the young person and the anticipated rate of progress made towards securing suitable care arrangements in the community.

1. **Delayed Transfers of Care**

Within UHL’s Childrens Hospital and any CAMHS inpatient unit providing care for a young person from LLR, including LPT’s Beacon Unit, the multi-disciplinary team will start planning discharge at the point of admission. In cases where it is identified that a young person requires support regarding accommodation or an enhancement of the support provided, this would be discussed with the respective local authority during discharge planning and they would be invited to ward rounds to develop appropriate plans.

Where it is identified that there are going to be challenges which cannot be resolved locally in supporting discharge, the Service Group Manager or their equivalent in any of the partner organisations may escalate to the appropriate Joint Solutions Panel following the processes described in section 6 below.

The timeliness of escalation will be judged by the manager involved based on the relationship between the needs of the young person and the anticipated rate of progress made towards securing suitable care arrangements in the community.

1. **Rapid Solutions Groups**

A Rapid Solutions Group can be mobilised to address one of two different time critical presentations:

1. Challenges facilitating a timely discharge from either the Accident and Emergency Department or the Children’s Hospital at UHL or,
2. Challenges facilitating a timely discharge from the PSAU/Section 136 Suite Place of Safety at LPT

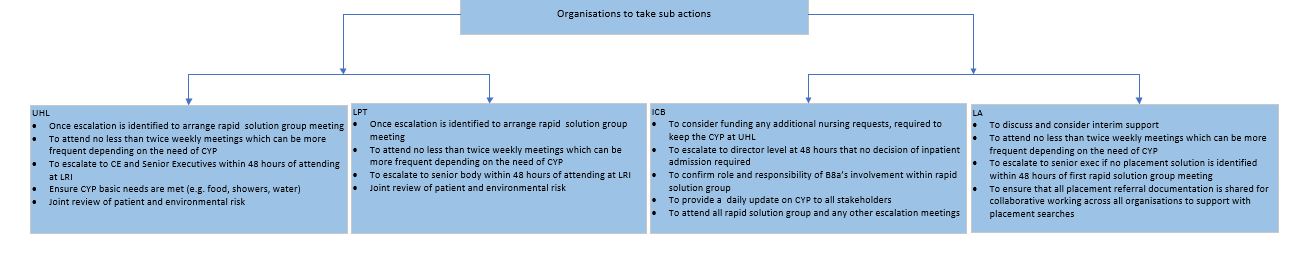
These two scenarios are set out separately below.

1. **Accident and Emergency Department or the Children’s Hospital at UHL**

A Rapid Solutions Group is mobilised when there are challenges facilitating a timely discharge, from either the accident and emergency department or the Children’s Hospital. This may be as a result of assessment for possible admission to a mental health ward determining that a new or strengthened community placement is required, or challenges in discharge from the Children’s Hospital if no suitable community care arrangement can be established. Due to the acute nature of these clinical services it is anticipated that a Rapid Solutions Group would be established within 24 hours.

A Rapid Solutions Group can be established by the Service Group Manager or their equivalent within any of the partner organisations although this will often be facilitated by a member of the Integrated Care Board. The frequency of follow up meetings will be determined by the members at the first meeting and should be no less than twice each week until a resolution is achieved. Membership of the Rapid Solutions Group will be determined by the Chair and should include representatives from all the partner organisations and services involved in the child or young person’s care arrangements.

It is expected that the group will normally secure an appropriate solution to support discharge by employing the steps outlined in the diagram below and with the support of member of the Integrated Care Board. However, in some cases escalation to an Exceptional Resourcing Group will be sought. Exceptional Resourcing Groups will be established by the partners if requested by a Director within UHL.



1. **PSAU/Section 136 Suite Place of Safety at LPT**

A Rapid Solutions Group is mobilised when there are challenges facilitating a timely discharge from the PSAU. This will be as a result of assessment in the unit determining that immediate admission to a CAMHS inpatient unit is required, but there is a lack of capacity to enable that to occur. Due to the cause for admission to the PSAU additional action will often be required to strengthen the community placement ready for discharge from the CAMHS inpatient unit. Due to the acute nature of the PSAU it is anticipated that a Rapid Solutions Group would be established within 24 hours.

A Rapid Solutions Group can be established by the Service Group Manager or their equivalent within any of the partner organisations, although this will often be facilitated by a member of the Integrated Care Board. The frequency of follow up meetings will be determined by the members at the first meeting and should be no less than twice each week until a resolution is achieved. Membership of the Rapid Solutions Group will be determined by the Chair and should include representatives from all the partner organisations and services involved in the child or young person’s care arrangements.

It is expected that the group will normally secure an appropriate solution to support transfer to a more suitable ward with the support of member of the Integrated Care Board and the CAMHS Collaborative. However, in some cases escalation to an Exceptional Resourcing Group will be sought. Exceptional Resourcing Groups will be established by the partners if requested by a Director within LPT.

**Rapid Solutions Group - Terms of Reference**

**Purpose:** A Rapid Solutions Group is mobilised when there are challenges facilitating a timely discharge, from either the accident and emergency department, Children’s Hospital or PSAU/Section 136 Suite Place of Safety at LPT

**Principles:** care arrangements will be provided whenever possible within Leicester, Leicestershire and Rutland

**Chair:** UHL/ LPT to mobilise and chair the initial meeting, subsequent meetings will normally be chaired by a member of the ICB

**Membership:** to be determined by the chair to ensure the resources and expertise are available to conclude the process. All partners involved in the care arrangements of the child or young person should be included

**Reporting:** Local directorate/ divisional management group; ie DMT/CMG/TCM.

**Administration:** a project management approach will be taken with records maintained by a member of staff from the chairperson’s organisation

**Frequency:** no less than twice weekly

1. **Joint Solutions Panels**

Joint Solutions Panels (JSPs) are hosted by all three LLR local authorities to provide examination of complex care arrangements for children and young people and a co-ordinated response with partners. Referral to the JSP in this pathway must only be made by a Service Group Manager or their equivalent in one of the partner organisations as described above.

Details of the frequency or each forum and referral routes are set out below. Please note that JSPs meet on a monthly basis. Whilst Rutland County Council do not run a JSP, for the purposes of this pathway, referral

should be made to their Risk Assessment and Intervention Service who will establish the appropriate forum to respond to the presenting needs.

**Leicestershire County Council**

Escalation should be directed through the Leicestershire Joint Solutions Panel by completing this form   and emailing it to [joint.solutions@leics.gov.uk](mailto:joint.solutions@leics.gov.uk) and [Sean.Rowe@leics.gov.uk](mailto:Sean.Rowe@leics.gov.uk)

The Leicestershire meeting occurs every 4 weeks on a Thursday afternoon from 2pm to 330pm on MS Teams. Papers are due 2 weeks in advance. Terms of Reference can be found here: 

**Leicester City Council**

Escalation should be directed through the Leicester Joint Solutions Panel by completing this form and emailing it to [hos-admin@leicester.gov.uk](mailto:hos-admin@leicester.gov.uk)

The Leicester meeting occurs monthly on a Tuesday from 1230 to 2pm. On MS Teams. Papers are due 1 week in advance. Terms of Reference can be found here: 

**Rutland County**

If the young person does not have an allocated social worker,  escalations should be directed through the Risk Assessment and Intervention Service (RAIS) on [ChildrensReferrals@rutland.gov.uk](mailto:ChildrensReferrals@rutland.gov.uk) using the Multi-Agency referral form (MARF).

If the young person does have an allocated social worker, an email should alert both the social worker and manager that an escalation is required when internal management procedures will be followed.

Note: Due to the workload of JSPs the chair may request that a Director from within the partnership sponsors the creation of an Exceptional Resourcing Group to act on their behalf; leaving the JSP to act as a ‘Project Board’ to oversee and support progress if required. Exceptional Resourcing Groups are described in section 7 below.

1. **Exceptional Resourcing Groups**

Escalation through the processes described earlier in this suite of documents for children and young people in crisis at A&E or the PSAU, experiencing placement breakdowns including at home, and delayed transfers of care, should only occur with the authorisation of a UHL Director, a Service Group Manager within the Families, Young People and Childrens, and Learning Disability and Autism Directorate of Leicestershire Partnership NHS Trust, or their equivalent in the Integrated Care Board or the Local Authority involved.

An Exceptional Resourcing Group will be established with the agreement of a Director within one of the partner organisations if requested by a chair of a Joint Solutions Panel, an Assistant Director or a UHL Director if either;

1. the Joint Solutions Panel is unable to delegate back to the referrer reasonable actions to resolve in a timely manner the challenges faced in addressing either a failing placement (including at home) or a delayed transfer of care

Or

1. the Rapid Solutions Group is unable to facilitate a timely response for a child or young person in crisis in an accident and emergency department, a young person admitted to LPT’s PSAU/Section 136 Suite, or a child or young person awaiting discharge from the Children’s Hospital

**Exceptional Resourcing Group - Terms of Reference**

**Purpose:** to agree the care needs of the child or young person, and identify and commission appropriate solutions

**Principles:** care arrangements will be provided whenever possible within Leicester, Leicestershire and Rutland

**Chair:** Director responsible for Children and Young People’s Services within a partner organisation

**Membership:** to be determined by the chair to ensure the resources and expertise are available to conclude the process. All partners involved in the care arrangements of the child or young person should be included

**Reporting:** progress on the work of the group will be shared with the partner organisations and the CYP Collaborative monthly until resolved

**Administration:** a project management approach will be taken with records maintained by a member of staff from the Chairperson’s organisation

**Frequency:** to be determined by the group but not to be more frequent than once per week