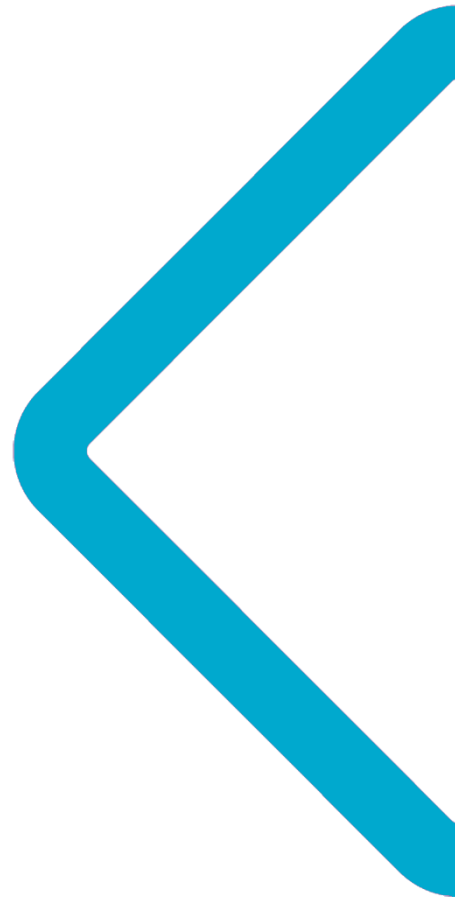


Avoiding hospital admissions: Warrington & Halton

Yvette McKern



Avoiding Hospital Admissions: Warrington and Halton.

Abbreviations

| | |
|------------|--|
| DSD | Dynamic Support Database |
| CCG | Clinical Commissioning Group |
| ICB | Integrated Care Board |
| CETR | Care, Education and Treatment Review |
| CYPMHS | Children and Young People's Mental Health Services |
| DTOC | Delayed Transfer of Care |
| LD / ASD | Learning Disability / Autism |
| DDCO / DCO | (Deputy) Designated Clinical Officer |
| CEDS | Children's Eating Disorder Service |
| EHCP | Education, Health, and Care Plan |
| CDC | Child Development Centre |
| LA | Local Authority |
| MDT | Multi-Disciplinary Team |

Introduction

The Transforming Care programme was established in 2015 as part of the NHS England publications Building the Right Support¹ and the New Service Model in response to the abuse that took place at the Winterbourne View hospital for people with learning disabilities/autism who displayed challenging behaviour. Since then, there has been significant emphasis nationally and regionally to drive an ambition that children and young people with a learning disability and/or autism (LD/ASD) avoid hospital admission to a psychiatric inpatient setting wherever possible and to improve quality in services. Another driver has been the Getting It Right First Time² review 2022 which made recommendations that mental health pathways for children and young people need to be improved and that no person should be stuck in the wrong part of the pathway for any length of time.

In order to support this aim, Clinical Commissioning Groups were advised to implement Dynamic Support Database's locally and hold regular 'tracker' meetings in order to monitor the wellbeing of children and young people who meet certain criteria and ensure that everything is in place to support young people to remain safely in the community rather than enduring an avoidable admission to a Tier 4 setting. A risk stratification tool is utilised to measure the level of risk of being admitted to Tier 4.

Locally, Warrington and Halton have achieved this aim and monthly DSD Tracker meetings are held with various organisations represented to ensure a multi-agency approach. Where children and young people (with LD/ASD) remain at risk of admission or there are escalations in need, Care, Education and Treatment Reviews (CETRs) are arranged and if a young person is at immediate risk of admission to Tier 4, a Blue Light CETR takes place. The aim of these meetings is to ensure that all options to remain in the community safely have been explored. The numbers of young people who have

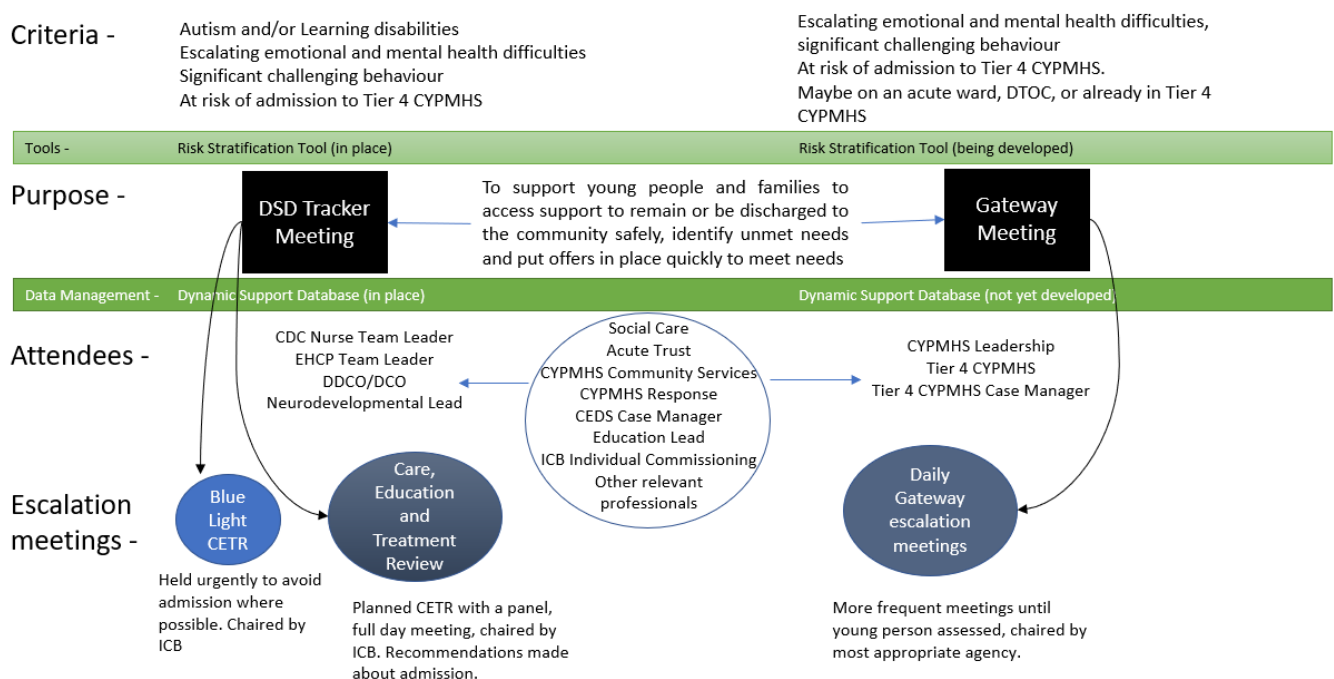
¹ [NHS England » National plan – Building the right support](#)

² [Mental Health – Children and Young People's Services – Getting It Right First Time – GIRFT](#)

been admitted to hospital and the number of Care, Education and Treatment Reviews are reported to NHS England regional Transforming Care Partnership on a monthly basis.

In addition to this, there has been ongoing work in Cheshire and Merseyside to redesign the Tier 4 admission pathway and a new pathway is now implemented across the region (see Appendix A) which has similarities to the current process for children and young people with LD/ASD. The aim of this new pathway is to help young people to avoid admission to Tier 4 wherever possible, with the support of a Gateway database and regular Gateway meetings. Children and young people who are at risk of admission to Tier 4 will be discussed at the Gateway meetings to ensure that all relevant agencies are involved with the young person, and that interventions and measures are being taken in the attempt to support the young person to remain in the community safely. If young people remain at risk of admission or their level of risk increases, there will be an escalation process in order to support individual young people.

The processes have been illustrated below which demonstrate the similarities between the two.



Local Delivery of the Process

In Halton and Warrington, it has been decided that a merging of the two processes will have the following benefits:

- Ensure a graduated response to need and the application of evidenced based interventions
- Prevent any child or young person falling between the gaps between panels and processes
- Maximise professionals time and ensure the most efficient allocation of resources

- Ensure timely access to holistic multi agency assessment, person/family centred and well-coordinated care planning

Level 1 – Tracker Meeting

There will be a fortnightly Level 1 Tracker Meeting chaired by the ICB Lead at place. A database of all young people at risk of admission to Tier 4 will be held by the ICB at place and updated at each Tracker Meeting. It will be made clear on the database whether a child or young person has a diagnosis of LD/ASD. Children will be referred to the Tracker Meeting using the risk stratification tool, CNEST (Complex Needs Escalation and Support Tool), if young people have a diagnosis the previous risk assessment tool specific for LD/ASD will also be accepted. Professional judgement will also be utilised to ensure that only children and young people with the appropriate level of need are added to the database.

All children at risk of admission will be discussed at the Tracker Meeting with the aim to progress any referrals or reduce any waiting times where possible and to ensure that all pathways have been followed and options have been considered with the aim to reduce the level of risk for the young person. Children and young people who have been admitted to Tier 4 will remain on the database and will be discussed at each Tracker Meeting to ensure that discharge planning is in place and progressing.

Escalation: If a child or young person's risk escalates, or if they are deemed to be medically fit ready for discharge and remaining in the current environment (usually acute ward, A&E, Paediatrics, Tier 4), there will be an escalation to the next level of meetings.

Level 1+ – Gateway Escalation Meeting (including CETR if ASD/LD a feature)

A Risk Benefit Analysis form will be completed by the MDT (See Appendix C) to assist in planning and understanding where the young person would be best placed.

If a child or young person has a diagnosis of an LD/ASD they will be offered a CETR as a planned meeting, or a Blue-light CETR where there is a significant level of urgency. This is in addition to the offer for children and young people who do not have a diagnosis of LD/ASD and following the CETR, if there is still concerning levels of risk and no resolution, Level 2 escalation meetings will commence.

Gateway escalation meetings are chaired by the Service Manager from Social Care and are attended by the ICB place lead, Acute provider, Mental Health provider, LA, education, family, Tier 4 gatekeepers amongst other agencies thought to be appropriate. These meetings will be held no less than twice a week and the aim is to plan a safe discharge from the acute ward into the community wherever possible and to ensure that plans are in place to mitigate any identified risks whilst remaining in the current environment or until being admitted to a Tier 4 provision.

An example of a script which can be utilised to facilitate the meeting can be seen at Appendix E.

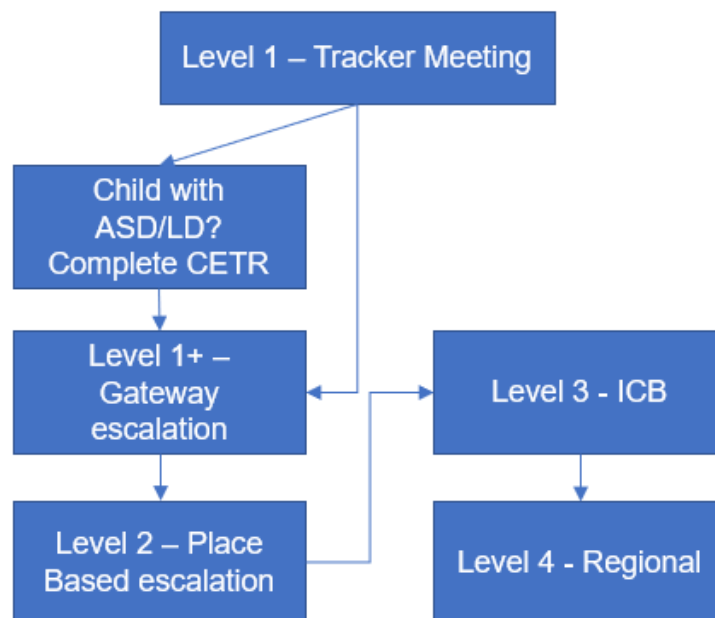
Escalation: when a young person remains in an unsafe or inappropriate setting and there are disagreements about the care pathway that should be followed, and no timely or acceptable solutions are agreed upon and / or are available there will be escalation to Place-Based escalation meetings.

Level 2 – Place-based escalation meeting

These meetings will occur on a daily basis Monday to Friday until a solution is available and agreed upon and will be attended by more senior level professionals which may include the following: Tier 4 gatekeepers, Tier 4 Exec link, ICB Safeguarding, Local Authority senior managers, Individual Commissioning representative and ICB Lead Commissioners.

Level 3 – ICB escalation meeting and Level 4 – Regional escalation meeting

In the unlikely event that a solution to the young person's care pathway is still not agreed, escalation to an ICB level meeting will take place and following this to a regional level meeting.



The table at Appendix B gives more detail about each level.

Children who are from another area

There may be occasions when a child or young person who is from another area is placed in Halton or Warrington and may be admitted to the acute paediatric ward. Despite the responsible commissioner and social care being from another area, there may be an impact on local services, therefore they will be added to the database, and it will be the responsibility of the ICB at place to maintain contact with the child or young

person's local area and offer any support around local services until a resolution is sought.

Review and future intentions

This process revolves around children and young people who are at risk of admission to Tier 4 and not those who are at risk of care, avoidable paediatric inpatient stays, or custody. As local areas we would also like to achieve better outcomes for those young people also and not just those at risk of Tier 4 admission. Therefore, the future intention would be to widen this tracker meeting to include those young people who are also at risk of care or custody.

It is the view and recommendation of local health and care professional leads that in order to safely achieve the future intentions we need to implement the proposed current process initially and review every six months to develop learning and ensure that we have current processes fully embedded.

Governance

Chair and Membership

The Chair of the Level 1 Tracker meeting will be the Children and Young People's Individualised Commissioning Manager from NHS Cheshire and Merseyside, Warrington and Halton place.

The Chair of the CETR's will be the Children and Young People's Individualised Commissioning Manager from NHS Cheshire and Merseyside, Warrington and Halton place.

Membership of the different level meetings will include a wide range of professionals from various relevant agencies who have the delegated authority around decisions, budgets and resource allocations for their service. Appendix D details who will be responsible for chairing and attending the meetings at each level.

Administration

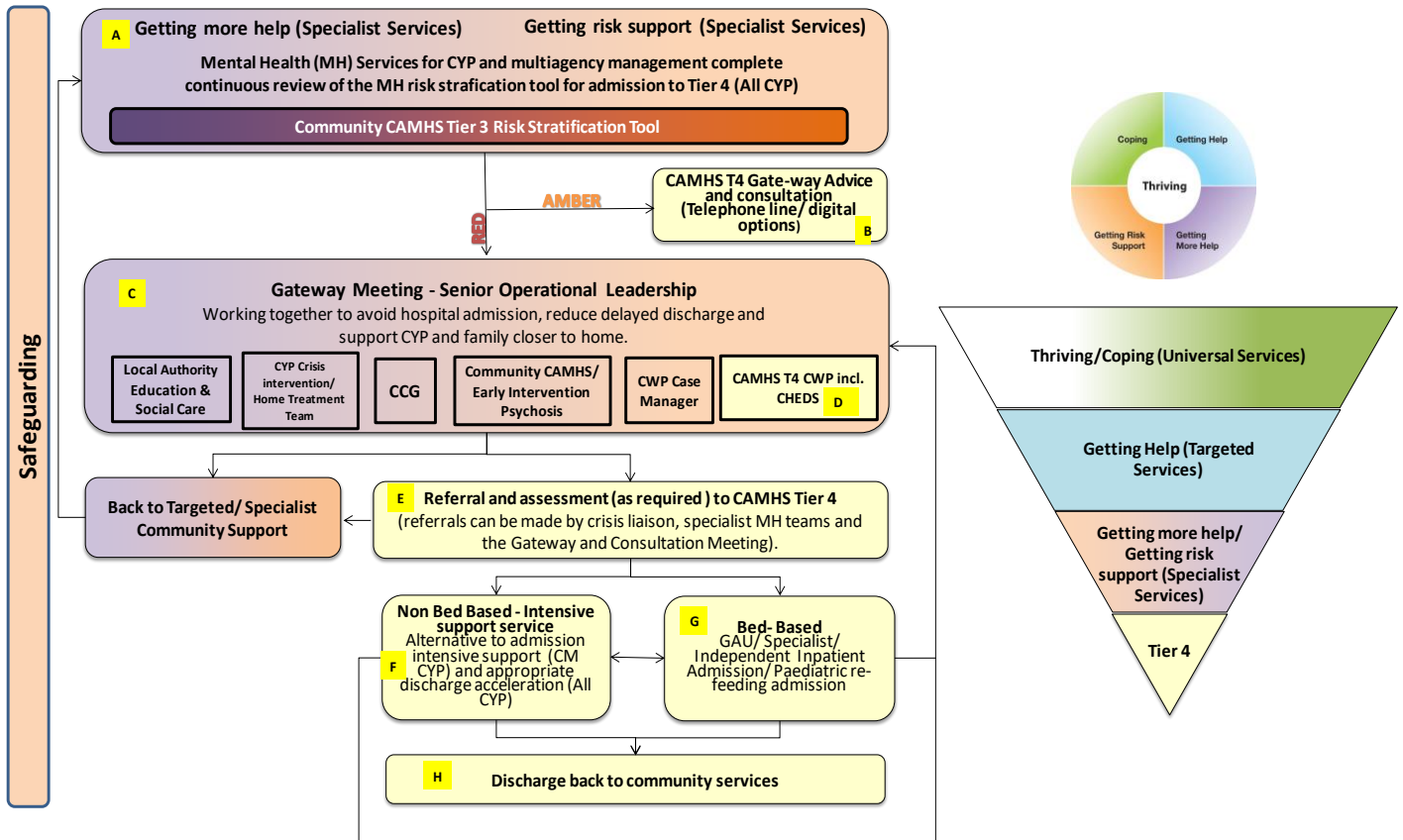
Administration for the Level 1 tracker meeting will be completed by the ICB, Warrington and Halton places. This will include maintaining and updating the database and ensuring that all children and young people who are added to the database are also added to the secure online system, Broadcare.

Administration for Level 1+ Gateway Escalation meetings will be completed by Warrington Borough Council.

Recording of meetings

Meetings may be recorded on Microsoft Teams, only for the purpose of minute taking. Once minutes are completed, recordings will be deleted in line with GDPR. Minutes will only be shared with those who attended the meeting and the family.

Appendix A



APPENDIX B

| | Criteria for escalation | Referral process | Lead agency | Membership | Role and responsibility of the escalation group | Expected outcome | Frequency & Planned/unplanned |
|--|---|--|--|--|--|--|--|
| Throughout all levels of meetings, if concerns in respect of a child's safety and wellbeing are identified, safeguarding procedures are to be immediately initiated. | | | | | | | |
| Level 1 Gateway/ DSD Tracker meetings | All CYP at risk of admission or requiring discharge planning into or from Tier 4 regardless of diagnosis | CNEST | ICB Place Lead | ICB place lead, Acute provider, MH provider, LA | To ensure that everything is in place locally, to escalate issues where necessary. | Admission avoidance, return to the community safely | Fortnightly Planned |
| Level 1+ Blue Light CETR / CETR – (one off meeting) | If CYP has confirmed diagnosis of a learning disability or autism, there will be a blue light CETR or a full CETR initially followed by gateway escalation meetings | Risk Stratification Tool (LD/ASD) | ICB Place Lead | As above with additional panel members from Pathways associates | To make recommendations for Tier 4 or safe community options | Safe discharge, or risks to be mitigated whilst plans are implemented. | One-off Unplanned (Blue Light CETR) Planned (CETR) |
| Level 1+ Gateway escalation | Urgent, CYP is medically fit ready for discharge and remaining in the current environment (usually acute ward, A&E, Paediatrics, Tier 4) is not in their best interests and is deemed unsafe. | CNEST/ SBAR / Risk and benefit analysis (see Appendix C) | Multi-agency – depending upon most suitable agency | ICB place lead, Acute provider, MH provider, LA, education, family, Tier 4 gatekeepers | To agree and implement solutions (ie from formulation and care plan). | Safe discharge, or risks to be mitigated whilst plans are implemented. | No less than twice a week Unplanned |

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| Level 2 Place based escalation | CYP remains in an unsafe/inappropriate environment and there is disagreement about the care pathway or no timely solution available. | CNEST/ SBAR / Risk and benefit analysis | Senior Leaders at ICB Place, LA | Additional attendance from Acute Trust, Tier 4, Tier 4 Exec link, ICB Safeguarding, LA, Individual commissioning rep. | Ability to make decisions/agree plans that are outside of current service provisions. | Safe discharge, or risks to be mitigated whilst plans are implemented. | Daily until resolution Unplanned |
| Level 3 ICB escalation | CYP remains in an unsafe/inappropriate environment and Place leaders require ICB input influence. | SBAR / Risk benefit analysis | ICB Place | Additional attendance from DCS, ICB, CYPMH Lead, Director of Acute Trust | To support solutions at place level, critical friend, recognise themes/gaps in commissioning. | Safe discharge, or risks to be mitigated whilst plans are implemented | Unplanned, as required |
| Level 4 Regional escalation | This should be the exception with all cases resolved at Place or ICB level. | Email england.me ntalhealth- nw@nhs.net | ICB | SRO, Operational Lead Regional Team, DCS, ICS, CYPMH Lead | | Safe discharge, or risks to be mitigated whilst plans are implemented | One-off Unplanned |

Appendix C

RISK BENEFIT ANALYSIS

| | CHILD | | FAMILY | | OTHER CYP IN PROPOSED SETTING | | STAFF/WORKFORCE AT PROPOSED SETTING | | OTHER – please specify | |
|--|-------|---------|--------|---------|-------------------------------|---------|-------------------------------------|---------|------------------------|---------|
| Suggested potential available options | Risk | Benefit | Risk | Benefit | Risk | Benefit | Risk | Benefit | Risk | Benefit |
| 1. CYP returns home | | | | | | | | | | |
| 2. CYP admission to Tier 4 provision | | | | | | | | | | |
| 3. CYP accom- modated by LA | | | | | | | | | | |
| 4. CYP remains in acute hospital setting | | | | | | | | | | |
| Other – please specify | | | | | | | | | | |

SBAR

| | | | |
|--|--|---|--|
| Author of report: | | Date: | |
| Who was consulted: | | | |
| SITUATION (include current presentation & medication, where they are and how long for) | | BACKGROUND (include any relevant historical information, such as previous admissions to hospital, social care status etc) | |
| | | | |
| ASSESSMENT (include whose assessment this is, whether in relation to mental health or behaviour and reasons) | | RECOMMENDATIONS (include recommendations for medications, therapy, accommodation, education etc) | |
| | | | |

Appendix D

Level 1: Tracker Meeting

- Chair: Children's Individual Commissioning Manager – ICB Warrington and Halton Places
- Attendee's: CYPMHS Team Manager
CYPMHS Care Coordinator
CEDS Care Coordinator
CEDS Team Manager
Children's Social Care Commissioning Team Manager
Deputy Designated Clinical Officer
Children with Disabilities Social Care Team Manager
Other relevant Social Care Team Manager
Social Worker
EHC Coordinator
Response Advanced Practitioner
Warrington and Halton Hospital CYP Liaison Practitioner

Level 1+: Gateway Escalation Meeting

- Chair: Social Care Service Manager
- Attendee's: Children's Individual Commissioning Manager – ICB Warrington and Halton Places
Professionals working with the child and family from education, health and social care
Children's Social Care Commissioning Team Manager
Provider representatives (where a young person is looked after or has support from a commissioned service)
Response Advanced Practitioner
Tier 4 Assertive Outreach Team (gatekeepers)
Warrington and Halton Hospital CYP Liaison Practitioner
Deputy Designated Clinical Officer
Independent Advocates
Family and young person (where appropriate)

Level 2: Place-Based Escalation Meeting

- Chair: Head of Service, Social Care
- Attendee's: All of the above, including:
Head of Operations MerseyCare
Deputy Head of Individual Commissioning
Designated Safeguarding Nurse, ICB Warrington and Halton Places

Level 3: ICB Escalation Meeting

- Chair: ICB Warrington and Halton Place Associate Director of Quality and Safety
- Attendee's: All of the above, including:
ICB Warrington Place or Halton Place Lead Commissioner for Children
Head of Individual Commissioning, relevant director level representatives of providers and local authority

Appendix E

Gateway Escalation Meeting

(Before the meeting the chair will have had all of the paperwork and been debriefed by the Social Worker or lead health professional as to the identified difficulties and risks, the Social Worker or lead health professional will have prepared the family as to who will be chairing the meeting. Chair will explain that the meeting is being recorded for the purpose of the minutes and will be deleted as soon as the minutes are typed)

“Thanks very much everyone for coming. We are here today for a Gateway Escalation Meeting in respect of (child’s name). The purpose of today’s meeting is to understand the risks and concerns that professionals and family have and to identify what needs to happen in order to prevent an avoidable admission to Tier 4. A Situation, Background, Assessment and Recommendation form has been completed along with a Benefits and Risk Analysis form which we will be reviewing in today’s meeting. We will begin with introductions. My name is and it is my job to chair the meeting.

Meeting attendees introduce themselves.

Chair to ask for the following:

- *Update on the child and how they are presenting at this time*

“I will ask attendees to comment on each option available on the Risk/Benefit form and the Recommendations on the SBAR, and what they think the impact on the child is likely to be. This will help us recognise what needs to change. We will then look at what might help us to bring about change, and what might prevent those changes happening.

The meeting will be concluded with a set of actions which will be reviewed at the next Gateway Escalation Meeting”

Set the next date