Wiltshire

**Children and Young People with**

**Mental Health Needs and**

**Learning Disabilities and / or Autism:**

**Dynamic Support Register Policy**

*(including Blue Light and Care, Education and*

*Treatment Reviews)*

V 0.1

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| --- | --- |
| **Policy** | Children and young people with mental health needs and  learning disabilities and / or autism: Dynamic Support Register Policy |
| **Policy Reference** | TBC |
| **Title** | Children and Young People with Mental Health Needs and Learning Disabilities and / or Autism and Dynamic Support Register Policy – With Care, Education and Treatment Review & Blue Light Protocol Guidance |
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| **Policy Summary** | This policy supports the Transforming Care Partnership plans for children and young people, putting in place an operational policy for the implementation of the Dynamic Support Register of children and young people with Learning Disabilities and / or Autism who have mental health needs. It firmly places the Dynamic Support Register and Wiltshire’s operational case management processes alongside the protocol for Care, Education and Treatment Reviews (CETR). |

**Summary**

This policy supports the implementation of Transforming Care Partnership plans for children and young people, putting in place an operational policy for the implementation of a Dynamic Support Register of children and young people with Learning Disabilities and / or Autism who have mental health needs. The Dynamic Support Register represents what the national guidance refers to as the ‘At Risk of Admission Register’. In Wiltshire, the Dynamic Support Register is a joint document owned by the operational children’s services and the CAMHS provider. It firmly places the Dynamic Support Register and Wiltshire’s operational case management processes alongside Care, Education and Treatment Reviews (CETR).

**Consultation & Distribution**

This document has been distributed to the following people

|  |  |  |
| --- | --- | --- |
| Name | Date of Issue | Version |
| Community and Joint Commissioning Director  and Group Director, Wiltshire Clinical Commissioning Group |  | 1 |
| Director of Commissioning Wiltshire Council |  | 1 |
| Director for Families and Children’s Services, Wiltshire Council |  | 1 |
| Quality Team, Wiltshire Clinical Commissioning Group |  | 1 |
| Head of SEND Service, Wiltshire Council |  | 1 |
| Joint Commissioner Transforming Care |  | 1 |
| Transforming Care Board |  | 1 |
| Information Governance |  | 1 |
| Families and Children Transformation (FACT) Board |  | 1 |

**Appendices**

The following appendices form part of this document:

A – Management flow chart

B – Wiltshire Blue Light CETR protocol and Guide

C – Blue Light Protocol Flow Chart

D – Dynamic Support Register Template

E – Formal and Accessible examples of Consent Forms

F – Contact List

**Review Log**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Version | Review Date | Reviewed By | Changes Required?  (If yes, please summarise) | Changes Approved By | Approval Date |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Acknowledgement of External Sources**

List any policies or procedures from external institutions that have been used to inform the writing of this policy.

|  |  |  |
| --- | --- | --- |
| Title/Author | Institution | Comment / Link |
| Care, Education and Treatment Review: Policy and Guidance  Blue Light Protocol | NHS England  NHS England | Varying links and information  Link to the Blue Light Protocol |

**Document Version Numbering**

Document versions numbered “0.1, 0.2, 2.4”, are draft status and therefore can be changed without formal change control. Once a document has been formally approved and issued it is version numbered “Issue 1.0” and subsequent releases will be consecutively numbered 2.0, 3.0, etc., following formal change control.

**Freedom of Information**

If requested, this Document may be made available to the public and persons outside the healthcare and social care community.

**Accessibility**

This document may be made available in other styles, formats, sizes, languages and media to enable anyone who is interested in its content to have the opportunity to read and understand it.

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1. **Introduction & Purpose**

As a result of the limited progress since the Winterbourne View Concordat and continued protracted lengths of stay within Learning Disability (LD) inpatient settings, NHS England developed a model and process for reviewing people’s care and treatment. Care and Treatment Reviews (CTRs) were introduced in October 2014, initially for people with Learning Disabilities and or Autism (LD and or A) who had no discharge plan in place and were inpatients in low secure or non-secure hospitals, after testing and trialling the methodology.

The Department of Health (Winterbourne View Review Concordat: Programme of Action’ December 2012) also asked that ‘all primary care trusts develop registers of all people (including children and young people) with LD and or A who have mental health conditions or behaviour that challenges in NHS-funded care as soon as possible and certainly no later than April 2013’ and that CCGs should ‘maintain the local register from 1st April 2013’.

Commissioners are required to provide input to the Assuring Transformation Data collection as part of the Health and Social Care Information Centre data collection. The data is collated from all CCGs to inform the national picture of LD and/or Autism admissions and progress towards care outside of hospital, and to ensure that there is the highest possible level of awareness of people in the local community with a diagnosis of Learning Disability and/or Autism.

For children and young people with mental health needs and learning disabilities and / or autism who have either been, or are about to be admitted to a specialist mental health / learning disability hospital either in the NHS or in the independent sector, Care, Education and Treatment Review’s (CETRs) have been developed. These are the same as CTRs but also include a focus on education and provide a holistic ‘whole system’ approach for reviewing children and young people’s care and treatment. The purpose is to ensure that children and young people are only in hospital when they need to be and that the care and treatment they are receiving is of good quality and meets their needs. Through CETRs the aim is to avoid children and young people going into hospital wherever possible and to provide the right help at home and within the community. This policy applies to all children and young people 0-18 years registered with a Wiltshire general practice or living **in the care of** Wiltshire Council either in Wiltshire or placed out of area, irrespective of the general practice with which they are registered.

When referring to the child/young person’s home throughout this policy it is also referring to fostering and residential arrangements which the child/young person considers to be home for them at that time.

**Dynamic Support Register**

The ‘Dynamic Support Register’ is required to be held locally by the designated local authority commissioner and/or Children and Young People Mental Health provider and in accordance with the local/national CETR Policy. The register includes information to enable monitoring whether the individual is effectively supported and reviewed in order that contingency plans can be put in place as necessary, including support for family/carers.

To continue building the Wiltshire Dynamic Support Register, close working relationships are required with other statutory services and third sector community providers to ensure children and young people who are at risk of admission to a specialist hospital are identified as quickly as possible.

Patient consent to information collation must always be sought and documented by the relevant Local Authority, following data protection requirements at all times. Consent will be securely stored for evidence prior to any data inputting on the Dynamic Support Register, with a copy given to the individual and/or their parents/carers.

The ‘Dynamic Support Register’ is part of a wider complex needs care pathway which includes the:

* Wiltshire operational case management process
* Blue Light Protocol and
* Care, Education and Treatment reviews (CETRs)

**Wiltshire operational case management process**

Wiltshire’s operational case management process represents what the national guidance refers to as Care Programme Approach (CPA) in the provision of care and treatment. This means that children and young people have a care plan in place as well as someone to coordinate their care. All care plans include a crisis/contingency plan.

The above approach remains the underlying process for the coordination of patient care for children and young people with mental health needs and with the provision of a robust crisis/contingency plan; the approach is key to preventing hospital admissions. **It is only when this approach is not proving successful in reducing the risk of admission that a CETR should be undertaken.**

The Dynamic Support Register, CETR process and Blue Light protocol should be a supportive part of the operational case management process.

However, if the child/ young person is in an inpatient setting, then the Trust may follow their internal Care Programme Approach, for which they would have identified a lead. This would run alongside the CETR process for inpatients (facilitated by NHS England).

**Blue Light Protocol – See Appendix B**

A ‘Blue Light’ meeting offers the commissioner advice, steps and prompts to help avoid unnecessary admissions. It recognises that where an admission request is at very short notice it is not always practical to set up a full CETR, obtain consent and involve expert advisers. Should the individual be admitted to hospital then a post-admission CETR will be held within ten working days, coordinated by NHS England. There is no timeframe for ‘Blue Light’ meetings as they are designed to respond to escalating behavioural risks.

**Care, Education and Treatment Review (CETR)**

CETRs bring together those responsible for commissioning and providing services (this will include nurses, social workers, education, commissioners and other health, education and social care professionals alongside strategic commissioners where appropriate) with independent clinical opinion and the lived experience of children and young people and families from diverse communities with learning disabilities, autism or both.

The ‘spirit’ in which CETRs are carried out is paramount and is rooted in the principles of human rights, child and young person-centeredness and co-production. A code and toolkit has been developed by NHS England for CETRs. This reflects principles and standards that are designed to ensure all children and young people who have a CETR have a consistent experience leading to an effective review of their care, education and treatment. These standards support the implementation of the national CETR Policy (which is important to consider alongside the Code and Toolkit), in the community and in hospital, with criteria that details best practice. In addition, further guidance has been written to help health and social care providers ensure that Care (Education) and Treatment Reviews improve the lives of people they support. Panel members are expected to familiarise themselves with the principles and standards, and hold each other to account for delivery against them.

Care, Education and Treatment Reviews have been developed as part of NHS England’s commitment to improving the care of people with LD and or autism, with the aim of reducing admissions and unnecessarily lengthy stays in hospitals and reducing health inequalities. Wiltshire is therefore adopting national policy to ensure best practice adherence and to meet national aims and objectives.

The CETR process is triggered at the point when a person is identified as ‘at risk’ of being admitted to an inpatient setting. The CETR facilitates a process of seeking alternatives to admission if possible and, if not, follows them through any subsequent admission, period of assessment/treatment and towards discharge.

1. **Scope & Definitions**

This policy applies to the locally coordinated management of all children and young people where Learning Disability and/or Autism are the primary diagnosis, and where they are exhibiting an escalation in mental health needs to the extent that they may be at risk of admission to an inpatient unit.

**Learning Disability**

A learning disability affects the way a person understands information and how they communicate; around 1.5 million people in the UK have a learning disability. This means they can have difficulty:

* understanding new or complex information
* learning new skills
* coping independently

**Autism**

Autism is a developmental disability. This condition affects how people understand and interact with the world around them. Autism is known as a “spectrum condition” - the condition affects every autistic person differently. Some autistic people can live relatively independent lives, and others may need more extensive specialist support throughout their life.

**Mental Health**

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

The World Health Organisation defines mental health and mental wellbeing as:

"not just the absence of mental disorder. It is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community”.

One in four adults and one in 10 children experience mental illness, (NHS England)

1. **Process / Requirements**

Wiltshire has formally adopted the NHS England CTR Policy, found at <https://www.england.nhs.uk/learning-disabilities/ctr/> .

NHS England has developed additional guidance relating to Care and Education Treatment Reviews for children and young people. This is to enable the specific needs of children and young people to be met.

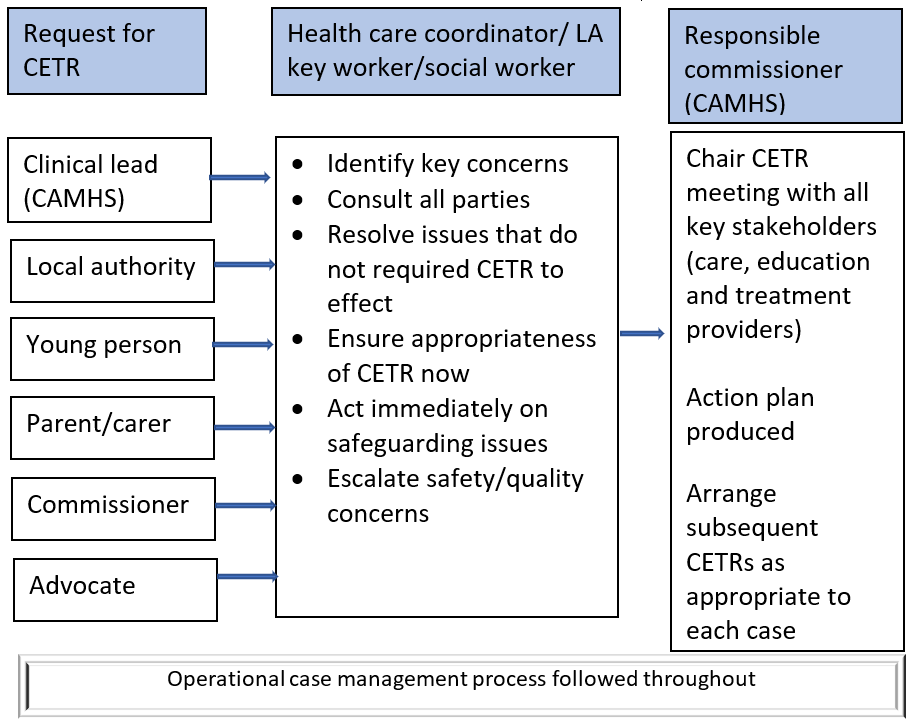
The CTR policy contains information and tools to support CETRs, including a children and young people annex that provides further clarity and guidance in relation to the successful implementation of Care Education and Treatment Reviews (CETRs) for children and young people, and notes the link between CETRs and relevant child and family legal frameworks for care and support. Further information can be found by following the link below.

<https://www.england.nhs.uk/learning-disabilities/care/ctr/care-education-and-treatment-reviews/>

**NHS England CETR Policy in Summary**

The CETR process is triggered at the point when a child or young person is identified as being ‘at risk’ of being admitted to a mental health inpatient setting. The CETR facilitates a process of seeking alternatives to admission if possible and, if not, follows them through any subsequent admission, period of assessment/treatment and towards discharge. This process needs to be supported by the development locally of a Dynamic Support Register (or At Risk Register) which enables commissioners to ensure that the appropriate support is being provided for people in the community. This responsibility remains with CCGs.

**Pathway for CETR referral: Request and Coordination**

See below

**CETR Commissioner Toolkit Templates**

Wiltshire Council staff must access and use the Commissioner CETR Toolkit (with easy read information) regarding:

* Right to request a CETR
* Consent to capture patient identifiable data and outcomes
* Easy read information for the child or young person, their parent/carer
* Support tools pre, during and post CETR
* Expert specifications
* CETR Policy
* Blue Light Protocol
* Excel template for recording all the information

The link to all the commissioner templates is:

<https://www.england.nhs.uk/learning-disabilities/care/ctr/care-education-and-treatment-reviews/>

1. **Roles and Responsibilities outlined within Clinical**

**Commissioning Group**

**CAMHS Commissioning Lead:**

* To comply with this policy and national guidance
* To nominate an appropriate representative of the CCG/Local Authority to attend Blue Light and CETR meetings with delegated authority to make immediate agreement on placements and funding as per guidance.
* Coordinate the population and management of a secure Dynamic Support Register.
* In line with the supporting Data Protection Impact Assessment, ensure that consent has been received by the patient (or parent/carer as appropriate), that the Mental Capacity Act is considered where appropriate and information securely saved.
* If informed consent is not received by the patient and/or their parent/carers, then their details will not be held on the Dynamic Support Register.
  + To take people off the register when no longer at risk. CAMHS Care Coordinators and / or Social Workers will inform the list holder and make a written recommendation of why the person should come off the register. At any time, the person concerned could also ask to be taken off the list (in accordance with their age).
* Liaison with NHS England as required (for CETR coordination)
* To provide quarterly update reports to the Mental Health and Disabilities Joint Commissioning Board.
* To report any information governance concerns directly to the Community and Joint Commissioning Director and Quality Director who is also the Caldicott Guardian for the CCG.
* To report any Blue Light Meetings to the relevant CCG e-mail address:

Wiltshire CCG - [**wccg.atriskofadmission.wiltshire@nhs.net**](mailto:wccg.atriskofadmission.wiltshire@nhs.net)

* To report all impending Blue Light and CETR’s to the Transforming Care Lead Joint Commissioner and the Director responsible for monitoring and reporting requirements.
* To ensure that all patient data is handled in line with NHS Data Security and Protection Toolkit (DSP).
* Report any breaches appropriately.

**Quality or Placement Lead at the Clinical Commissioning Group:**

* Support the population of the Dynamic Support Register via the relevant CCG email alerting system

Wiltshire - [**wccg.atriskofadmission.wiltshire@nhs.net**](mailto:wccg.atriskofadmission.wiltshire@nhs.net)

* + Submit data to NHS England (by protected and secure access to the Dynamic support register) See appendix D.
* Ensure that all patient data submitted to NHS England is in line with the NHS Data Security and Protection Toolkit.
* Take people off the register when no longer at risk. CAMHS Care Coordinators and/or Social Workers will inform the list holder and make a written recommendation of why the person should come off the register. At any time, the person concerned could also ask to be taken off the list.

1. **Escalation**

There may be cases where the facilitation of a Blue Light meeting or of a full CETR does not lead to satisfactory outcomes for the child or young person. Examples of this might include when a provider is unable to sustain a residential placement, or when funding cannot be agreed to support the child/young person in an environment which minimises the risk of a hospital admission. In these circumstances, the responsible commissioner will escalate the case for the urgent attention of the Director for Commissioning at Wiltshire Council and the Commissioning Director (Maternity, Children and Mental health) at Wiltshire Clinical Commissioning Group. These senior leaders will raise the case with colleagues within the local area, and at regional and national level as appropriate, and where necessary, release funding or engage stakeholders. The responsible commissioner will also coordinate regular Blue Light calls to support the multi-agency team around the child/young person as and when determined by the group.

1. **Training**

Training will be bespoke and only for staff directly responsible for the management of the Dynamic Support Register, Blue Light Protocol and CETR process, in accordance with their needs.

1. **Equality, Diversity and Mental Capacity**

Positive Equality implications of the policy are anticipated to ensure that individual needs are met.

Wiltshire is aligned to NHS England’s review and findings at the time of writing this policy.

**NHS England ‘Equality and Health Inequalities Statement:**

Promoting equality and addressing health inequalities are at the heart of NHS England’s values. Throughout the development of the policies and processes cited in this document, we have:

‘Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and

Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.’

1. **Success Criteria / Monitoring Effectiveness**

Policy compliance remains the responsibility of the relevant Commissioner and ultimately with the relevant Director of Commissioning; as do the legislative obligations for breach notification, monitoring compliance and investigating data incidents.

Further NHS Wiltshire guidance and policies can be found on the intranet:

<http://www.wiltshireccg.nhs.uk/about-us>

1. **Review**

This document may be reviewed at any time at the request of either staff side or management, but will be reviewed annually. The policy is to be reviewed in accordance with national changes mandated by NHS England, and in alignment with any identified issues or concern. The responsibility will be delegated by the Director of Commissioning.

1. **Dissemination**

Distribution of the policy to relevant staff will be led by the Children’s Commissioning Team by varying methods to ensure delivery and understanding. Wider provider dissemination will be the responsibility of the Director of Commissioning at Wiltshire Council, Director of Families and Children’s services at Wiltshire Council and Director of Commissioning at Wiltshire Clinical Commissioning Group.

1. **Implementation**

The above Directors are ultimately responsible for making sure that the policy is enacted and monitored.

1. **References to other Documents**

References and links are within the relevant sections for ease of access and signposting for the reader:

* NHS England Care and Treatment Review: Policy and Guidance
* NHS England Blue Light Protocol
* NHS Wiltshire CCG Information Governance Policies and Procedures

### List of Appendices

A – Management flow chart

B – Wiltshire Blue Light CETR protocol and Guide

C – Dynamic Support Register Template

D – Consent form

E – Contact List

F – Blue Light Protocol Flow Chart

**Appendix A**

**Management flow chart for children and young people with a Learning Disability and or Autism who are at risk of a mental health inpatient admission due to escalating mental health needs, and who require an urgent review**

**Child or young person with a Learning Disability and or Autism who is exhibiting escalating mental health needs**

**Commissioning Lead to alert the relevant CCG via email address as follows:**

Wiltshire CCG - [**wccg.atriskofadmission.wiltshire@nhs.net**](mailto:wccg.atriskofadmission.wiltshire@nhs.net)

**The nominated individuals will monitor and respond to emails within office hours**

**Successful outcome; arrange required follow up and ongoing monitoring to continue stability**

**Successful outcome**

**Community Education and Treatment Review (CETR) or Blue Light Meeting to be arranged by the appropriate Commissioner following the local and national CETR and Blue Light Protocol Policy and Guidance**

**Ensure the relevant Social Care Lead and/or CAMHS Lead is informed and engaged to review current care package/support/review to stabilise where possible**

**CAMHS Lead to refer to Crisis Team for rapid review and intervention to stabilise**

**Unsuccessful**

**Unsuccessful**

**Relevant CCG ‘Dynamic Support Register’ database to be amended with the child or young person’s and/or parent/carers consent to add and monitor the outcome to avoid admission wherever possible**

**National data submissions regarding anonymised specialist Learning Disability admissions and discharges to be completed and submitted by the CCG to NH Digital as required by NHS England to monitor national progress with the Transforming Care Plan**

**Appendix B**

**Wiltshire Children and Young People with**

**Mental Health Needs and**

**Learning Disabilities and / or Autism**

**Blue Light Protocol and Guide**

For

CAMHS Care Coordinators,

Commissioners &

**WCCG and WC ON CALL**

**As from 01.04.2019 the Wiltshire Children and Young People’s Learning Disabilities and Autism Blue Light protocol is operational. At all times, out of normal working hours, there will be an on call operational head of service on duty to support this protocol.**

**The aim is to support children and young people with Learning Disabilities and Autism who have mental health interventions in a community setting, avoiding the need for unnecessary mental health inpatient placements. Wiltshire Children and Young People Learning Disabilities and Autism Blue Light Protocol and Guide**

**Introduction**

As part of the aspiration to keep children and young people cared for in their own home (including foster care, residential care home or residential school), or as close to home as possible, it is necessary to avert crises and support each other, across services (including education, health and social care) to deliver our aim. To help achieve this we are committed to working with our community CAMHS provider (Oxford Health NHS Foundation Trust) to ensure that no placement takes place out of area without the agreement of the responsible commissioner. Crises should be avoided by effective planning for a child and young person using the [Wiltshire operational case management processes alongside the management of the Dynamic support register](#Heading1) and Community Care, Education and Treatment review (CETR) process with robust crisis/contingency arrangements in place, supported by the Oxford Health NHS Foundation Trust Community CAMH Service and other relevant agencies working in partnership. However, there are times when a multi-disciplinary discussion, usually by conference call at short notice, is useful to help solve problems and avoid an inpatient placement.

**The Process**

This protocol describes when this “Blue Light” response is needed, who should attend and what discussions should take place.

The Blue Light Decision-Making Process is to be used only when there is:

* An unexpected crisis with an immediate risk of an inpatient placement;
* A breakdown in the Crisis/Contingency Plan with an immediate risk of an inpatient placement;
* Where it is no longer possible to support the child/young person safely within their own home/setting using intensive support services;
* No time to set up or hold a CETR. Therefore, the criteria applicable is the same criteria as for CETRs.

**ONLY AT THIS POINT SHOULD A BLUE LIGHT PROTOCOL MEETING BE ARRANGED**

Otherwise, the operational case management processes alongside the management of the Dynamic Support Register will be followed. The Blue Light process is instigated by a senior manager within the provider service (Oxford Health NHS Foundation Trust) ***when an individual has been identified who is at risk of being placed in a Mental Health inpatient setting.***

The senior manager within community CAMHS will have been alerted to the need by a member of staff within the service who is managing the care of an individual in crisis. This alert could also have come from a partner agency.

The list of invitees to the Blue Light meeting could include the following people (contact detail in Appendix E), but this is not prescriptive;

|  |  |
| --- | --- |
| **Role** | **Involvement** |
| Person being considered for admission where appropriate | To give a first-hand account of issues and what would help. Listening to the individual is essential and should be prioritised and facilitated. |
| Family/Circle of Support\* | To give additional information. As above, listening to the family views, ideas and wishes should also be prioritised and facilitated. |
| Support Provider | To provide a personal and historical perspective. |
| Psychiatrist\* | To provide feedback on assessed needs and risks - role in mental health assessment processes. |
| Named Nurse\* | Care management and coordinating role, provider of clinical information. |
| Social worker\* | Care management and coordinating role, involvement in assessment and care planning. To consider and support options to an inpatient placement. |
| SEND Lead Worker\* | Care management and coordinating role, involvement in assessment and care planning. To consider and support options to an inpatient placement. |
| School SENCO\* | Personal knowledge of the child/ young person and input in their ability to function in the school setting. |
| Education Officer and/or school\* | Care management and coordinating role, involvement in assessment and care planning. |
| Adult Mental Health Services\*\* | Care management and coordinating role, involvement in assessment and care planning. |
| Community Team for People with Learning Disabilities\*\* | Care management and coordinating role, involvement in assessment and care planning. |
| Commissioner\* | To chair the meeting and to provide support to explore the funding of alternatives to an inpatient placement. |
| NHSE Gate Keeping Team (NHSE Specialised Commissioning) \* | To consider options to avoid an inpatient placement into low or medium secure |
| GP | To ensure effective support around health needs as required. |
| Advocate\* | As required to support the individual and their family. |
| Community CAMHS Team\* | To consider and support options to avoid an inpatient placement and provide a Gatekeeping function into in-patient beds. |
| Meeting Minute Taker\* | To record the meeting minutes, including decision made, plan, costs, funding split, start and stop time of any agreed funding |

\*must attend the meeting.

\*\*must attend the meeting where child/young person is approaching or at transition.

**Conference call details**

The conference call will be made using an appropriate conference call system with dial-in details made available by lead commissioner.

The lead commissioner will be responsible for ensuring that a pre-admission (unplanned) Blue Light Meeting is organised and chaired.

Where possible, a text will be sent to prospective blue light participants at least 30 minutes prior to the time that the full call commences. The text will state:

* Blue Light call at (time) and then it should include the relevant information and guidance for participants to join the call.

Where a mobile number is not known, it is the responsibility of the commissioner to ensure all those invited to the Blue Light meeting are informed via alternative means of contact.

**Sign up to availability for Blue Light**

Participants of Blue Light discussions need to agree to short term interruptions, and they will need to explain that they have an up and coming call to participate in the Blue Light meeting. A list of Blue Light contacts is attached at the back of this protocol. This will be reviewed and updated on a yearly basis by the Commissioning Lead for Children and Young People’s Mental Health and Wellbeing.

**Call process**

The process for the call is outlined below, and is useful as a guide. The chair should ensure that minutes of the call are recorded and the file saved into children’s services database and shared with participants. Participants should be made aware that minutes of the call are being recorded.

If the call is out of normal working hours, a message should be left for the case to be picked up by the relevant CAMHS care coordinator or if a new case, the relevant team.

**Meeting Process**

**Preference List**

The preference of support arrangements are as follows and all times should consider the Mental Capacity Act if the young person is 16 or over. Alternatively, appropriate parental input should be considered:

**1st preference** - Support the child and young person at home with the relevant appropriate support package. Funding of additional support packages will be considered by commissioners.

**2nd preference** - The child/young person is supported in a local non-inpatient unit, using residential, nursing, or short breaks services.

**3rd preference** - A local inpatient service in the CCG area. Please note that mental health needs should be met in acute mental health services and underlying physical health needs in acute hospitals. Inpatient Learning Disabilities units should not be unnecessarily used.

Finally, out of area placements should be avoided at all costs. If an out of area placement is suggested it needs to be approved by the responsible commissioner in line with the placement process, and would only ever be considered when the move is clinically justified and all other avenues have been exhausted. In all situations, the preference should be to see children and young people placed in a local mental health inpatient bed.

Any gaps in local delivery should be reported to the relevant commissioner if needs cannot be met locally.

**Note:** **The Blue Light protocol can only authorise additional funded support for up to a 72- hour period, ordinarily. This funding will split 50/50 between the relevant Local Authority and Clinical Commissioning Group, or as agreed for the individual case by senior leaders.**

**Follow up.**

The child/young person will now be placed on the Dynamic Support Register if they are not already on it. A full CETR will need to take place as soon as practically possible to enable longer term planning within normal care pathways.   
The additional support package or placement will require constant review under the operational case management processes alongside the management of the Dynamic Support Register process from the CAMHS care coordinator/community CAMHS team to ascertain effectiveness and quality. Additional support should be stepped down safely when no longer needed, to avoid dependency.

Should admission take place following a Blue Light Meeting, a full CETR will need to take place within two weeks.

**Wiltshire operational case management process and the Dynamic support register**

Wiltshire’s operational case management process represents what the national guidance refers to as Care Programme Approach (CPA). The Dynamic Support Register represents what the national guidance refers to as the ‘At Risk of Admission Register’. In Wiltshire, the Dynamic Support Register is a joint document shared with the CAMHS provider. The Dynamic Support Register is reviewed and updated every three weeks by a group of health and social care managers via a teleconference meeting.

Under the operational case management processes, each child/young person will be subject to an annual assessment (depending upon which team they are supported by), either a Single Assessment or Looked After Children (LAC) Review or via their Education Health and care Plan (EHCP). Depending on the child/young person’s level of need and risk identified at the point of assessment and throughout Wiltshire Council’s case management process, they may be placed on the Dynamic Support Register.

The CETR criteria refers to children and young people with a diagnosis of learning disability, autism or both who either have been, or may be admitted to a specialist mental health / learning disability hospital either in the NHS or in the independent sector because of mental health problems or complex behaviours that challenge.

If the child/young person needs to be added on the Dynamic Support Register, the case manager will ensure that a consent form is completed and recorded appropriately, as well as ensuring that a Contingency Plan has been completed as part of the annual assessment. If, however, a child/young person suddenly becomes at risk of admission and was not identified as requiring to be placed on the Dynamic Support Register at their last assessment, they will then be added to the Dynamic Support Register at the Blue Light Meeting. The consent form will be completed before the Blue Light Meeting.

Wiltshire Council Children’s Commissioning team will hold responsibility for the Blue Light Protocol and CETR process management for all children/young people placed on the Dynamic Support Register as well as ensuring involvement throughout transition to adulthood.

**The Blue Light Protocol is designed with the following safeguards:**

* The protocol is only authorised to work with people known to Oxford Health Community CAMHS or LA Children’s Services.
* A lead commissioner will chair the Blue Light meeting and where appropriate authorise 72 hours\* of additional support.
* The initial 72 hours\* of additional funding will be a 50/50 split between health and social care (relevant LA and Clinical Commissioning Group).
* A CETR review will be put in place at the earliest opportunity and within 72 hours\*, at which point funding for the additional provision will be agreed through the responsible commissioning body and the split funding agreement will end.
* The package will be agreed via the Blue Light Protocol Commissioning decision maker.

**Additional Support**

In some circumstances, other providers may be spot purchased by Oxford Health Community CAMHS and / or LA Children’s Services to provide additional support in a community setting for up to a 72hr\* period. They must be accredited providers.

**Appendix E – Blue Light Protocol Flow Chart**

**Appendix C – Dynamic Support Register Template**

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| **Risk Register, CTR and Blue Light Register** | | | | | | | | | | | | | | | | | | | | | | |
| **Risk Register (completed by CTPLD, CYDT and LDWISS)** | | | | | | | | | | | | | | | | | | | | | | |
| Name | CareFirst No. | Patient Dob, NHS Number and or address | Gender | Date consent gained for inclusion on 'At Risk of Admission Register' | Care Coordinator Name and Contact details | Primary Diagnosis | Secondary Diagnosis | Current Accommodation Type | Has the patient been offered a Personal Budget, PHB or Integrated Personal Budget | Independent Advocate in place? | Responsible Authority | Section 117 eligible? Funding split? | Name of Commissioned Care Provider | On care c (Y/N) | Current CPA care plan including risk assessment and crisis contingency plan in place | Date of last review of care plan/risk assessment | Is there a risk of hospital admission and/or placement breakdown | Reason for risk of admission and/or placement breakdown | Has the person been subject to a previous admission (if yes date) | Referral to LDWISS (Y/N) | Mitigations (action taken to reduce risk) | Rag Rating (current risk) Red, Amber, Green |
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**Appendix D – Formal and Accessible examples of Consent Forms**

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**APPENDIX E – Wiltshire contact list**

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| **Role** | **Contact details** |
| Wiltshire Clinical Commissioning Group\* | Working Hours – Judy Edwards 01225 713712 (working hours)  Out of hours - Wiltshire Clinical Commissioning Group on call – 07699 757981, (this is a bleep number and caller will need to leave message and contact number for return call) |
| Wiltshire Council - Social Care funding decision maker\* | Working Hours – Head of Service for SEND, Nick Breakwell (Working Hours)  Out of hours - Duty Head of Service on call via EDS (0300 456 0100) |
| Psychiatrist\* (CAMHS) | Via CAMHS Care Coordinator |
| Named Nurse\* (CAMHS) | Via CAMHS Care Coordinator |
| Social worker\* (Family and Children’s Services) | Via CAMHS Care Coordinator |
| SEND Lead Worker\* (Family and Children’s Services) | Via CAMHS Care Coordinator |
| Education Officer and/or school\* | Via CAMHS Care Coordinator |
| Adult Mental Health Services\*\* | Ian.roberts@wiltshire.gov.uk |
| Community CAMHS Team | 01865 903 777  01722 336 262 |
| GP | Information from Care Coordinator |
| Advocate | **0300 3658 300** |

\*must attend the meeting.

\*\*must attend the meeting where CYP is approaching or at transition