Appendix E

Transforming Care for People with Learning Disabilities and/ or autism whose behaviour challenges services.

Local Area Emergency Protocol for Northamptonshire

Please note all admissions without a Care and Treatment Review are recorded as a breach of NHS CTR policy and reported to Simon Stevens. This form should only be used in these exceptions

Rational

In line with Transforming Care individuals with a learning disability and/or autism will only be admitted to a Mental Health hospital ward or specialist Learning Disability Assessment and Treatment Unit when all other options have been exhausted and the level of risk makes it absolutely necessary. Prior to admission the relevant commissioner will need to be contacted for approval. Ideally commissioners should be fully aware of potential admissions well in advance via the 'Transforming Care local Care and Treatment Review 'at risk' Register and a pre-planned community 'Care and Treatment Review' will have taken place to agree the admission. In circumstances where this has not occurred, commissioners will need to be satisfied via a series of challenges that the admission 'gate-keeping' process has been met. This Local Area Emergency Protocol must be carried out in these circumstances.

When to commence protocol:

Where a person is known to services and their presentation becomes unsettled and they are at risk of going into crisis there should be a proactive early intervention and contingency planning to reduce the likelihood. Where the risks continue to increase and there are a likelihood of hospital admission a community CTR will be arranged and take place. It is however acknowledged that there may be occasions when the person has not been previously known to services and/ or the rate of the escalation of risk prevents the setting up of a Care and Treatment Review. This should be an exception to the rule and at these times the following Local Area Emergency Protocol (LAEP) will be followed:

The lead professional will at the earliest opportunity be responsible for informing the relevant lead for children or adults and getting in touch with a commissioner at Nene CCG to request the protocol be commenced and will support them to organise the meeting. The commissioner will be responsible for ensuring that a Local Area Emergency Protocol meeting takes place and someone chairs the meeting.

Contacts:

CCGs Commissioner Contact details between the hours of 9am-5pm are:

Learning Disabilities	**Head of Integration**
Sue Freeman-Senior Commissioning Manager -Tel: 01604 651283 M:07787006192 Email: sue.freeman5@nhs.net	**Catherine O'Rourke –Deputy Head (adults) Tel: 01604 651263 M: 07825 340994 Email: catherine.o'rourke@nhs.net**
Children and Young People	
Sian Heale-Commissioning Manager -Tel: 01604 651723 M:07919697986 Email: Sianheale@nhs.net	Helen Adams-Commissioning Manager- Tel: 01604 651627 M: 07824-608158 Email: Helen.adams@nhs.net
Mental Health Ward Admissions (Asperger's/Autism/Learning Disabilities)	
Rachel McGuire- Commissioning Manager Tel: 01604 651275 M:07825060402 Email: Rachel.mcguire@nhs.net	Rachel Conlon- Commissioning Lead - Tel: 01604 651133 M: 07787 006198 Email: Rachel.conlon@nhs.net

If none of these staff are available, please contact Francis Crick House and ask for Julie Egginton or Beth Coleman 01604 651100

Out of the CCG office hours:

Contacts between 8am and 8pm: **The duty clinician within the Intensive Support Team who are authorised to complete the process.** **Between the hours of 8pm and 8am it will be the mental health crisis team who will liaise with the local bed manager.**

Contact Number Intensive Support Team Duty Clinician: 01604 682682 (This is Berrywood reception but ask for the IST duty clinician)	**Contact Number Crisis Team: 01604 682682 (This is Berrywood reception but ask for the North or South Crisis Team)**

Who to invite to take part:

As with the CTR process all should be invited and as many as possible commit to attend. It may be by virtual teleconference if more appropriate.

Adult	Children
The person being considered for admission Family member/s or other key people Psychiatrist Named nurse CPA Co-ordinator Direct care/support staff Community Nurse Social worker Care manager, involvement in assessment and care planning IMHA/IMCA/Independent advocate (As appropriate- to advocate for the individual concerned) Commissioner (Chair) GP Education where appropriate	Commissioner (chair) Parent carers and those with parenting responsibility Child/ Young person Siblings (if appropriate) Children's social care Adult Social Care/ Transitions Team (if appropriate) Local Authority Education Department Education provider (school/ college etc.) CAMHS Advocate (if appropriate) Responsible clinician and senior nurse Young Offenders Team (as appropriate) Key Health Providers Voluntary sector (If appropriate)

Ethos of the meeting:

Due to the urgency of the situation it is likely that the meeting may take place as a telephone conference however wherever possible face to face is preferred. The aim of the meeting is to consider all innovative means by which the individual may be able to avoid admission and be supported safely in the community. No idea should be dismissed without careful consideration and all ideas should be welcomed. It is important for all involved to sign up to a 'no blame' principle, in order to give individuals or services the confidence to speak up should they face difficulties fulfilling their contracted role/s.

Local Area Emergency Protocol: steps to follow

Prior to the meeting:

Professionals will have assessed the risk and the potential to support in the community. An emergency support plan will be in place

- As soon as practically possible the lead professional will contact the relevant commissioner (or representative out of hours) and inform of the need for the protocol to occur at this point, wherever possible Template 1 will be completed.
- The commissioner will ensure a venue is identified and / or conference call arrangements are made.

Meeting:

- The chair will carry out introductions and explains the remit of the meeting and the current situation is shared. Template 1 is discussed and finalised.
- The key elements are discussed and explored (See crib sheet)
- A decision is made, a support plan is agreed and actions, timelines and people responsible to follow up are identified (See template 2)
- The monitoring and overview process will be explained

Post meeting:

- The lead professional identifies support for the person and/ or family/key people and is available to answer any further questions.
- A post debrief will be arranged in order to learn from good practice and things that could have been done better. The results of which will be fed back as themes into the CTR Group.
- Where the process occurs out of hours the representative will feed back to the relevant commissioner as soon as practically possible.

Documentation:

- The outcomes of this emergency meeting/ conference call will be recorded as per local policy and lead to an updated CPA care plan and risk assessment (or Education Health and Care Plan for a child or young person.)
- Where the person has personally held records and/ or care plans these will be updated as relevant
- A recovery and contingency plan to prevent future crisis should be developed
- The CCG blue light LAEP log will be updated by the relevant commissioner at the earliest opportunity

If, in exceptional circumstances, the CCG team/ out of hours contacts are not available, the clinician involved will need to risk assess the situation and put whatever reasonable measures in place to safeguard the person and others. Where this requires unauthorised admission, this will be

reported to the CCGs on the next working day so that a Care and Treatment Review (CTR) can be arranged as described within the NHS England CTR Policy. For children this will need to happen within two weeks of admission and for adults four weeks. In these exceptional circumstances a Root Cause Analysis form will be completed. In the case of adults this form will go to the relevant commissioner. For children it will go to the local DCO lead. For Northamptonshire this is Martin Fahye (m.fahy@nhs.net)

Template 1

The following is a template that will be completed by the Commissioner (Or representative out of hours) who will pose these questions to the clinician at the time of the call. Where the clinician is unable to provide a response and it questions the justification of admission the commissioner will ask the clinician to attempt to provide a response before a meeting occurs.

Initial Information:

Date and time of call:	**Received by:**
Received from and title:	**Contact details**
Who is requesting the admission?	**Contact details:**
Are there other staff involved i.e. CTPLD, Psychiatrist, care manager?	**Names and contact details:**
Please confirm that consent (or MCA best interest) has been given by the patient/their family	**Confirmation/details?**

Patient details – **Initials of individual:** **Date of birth:** **NHS Number:** **Current address:**	
Is the person being considered for assessment under a section of the Mental Health Act	**Yes/No**
Would this be a re-admission?	**If so-date and place of last admission/discharge:**
What has led up to the crisis?	**Details:**
What is the reason for seeking a hospital admission?	**Details:**

Will admitting the person to a hospital environment significantly impact on their ability to be discharged directly from hospital to their usual place of residence or ordinary living setting	Details: **Yes/No** **If yes, how is this going to be managed?**

Template 2

Decision and action plan:

My Name: **My NHS Number:**

The decision: include clear objectives, expected outcomes and where hospital admission occurs an anticipated discharge date:			
What needs to be done?	By who?	By when?	Did this happen?

Any other Comments			
Date of Completion		Name of key co-ordinator	

Crib sheet

Key themes for consideration in the Emergency Meeting and Helpful prompts

Understanding the person
• What are my needs and wishes? • What are my family / carers' and important people in my life views of the current situation? • What will and won't work for me? • What is important for and to me?
My Well-being
• What are my symptoms? • How is my physical/ mental health? • Does any of this mean I need to be in hospital? • Have I had an annual health check and do I have a health action plan? • Is it possible my behaviour is because I am in pain or feeling physically ill? • Have I experienced significant life events including trauma/ abuse?
The current risks are identified.

- What are the current issues and risks and how can I stay safe and keep others around me safe?
- Are there any significant historical factors people need to be aware of?
- What positive risk taking can be considered?
- What is the reason for considering inpatient admission?
- What would the outcomes be for me from an admission?
- What would the impact of admission be on me and others around me? (For example, moving away from home and the people I know, to a new environment).

Care and treatment needs. Options considered

- What's working well / what doesn't work? (Everyone's views, including what has helped me before).
- What support has been/can be put in place so I that can stay in the community?
- What treatment am I currently receiving including medication, therapy, diet and care? Does this need reviewing? Is it helping?
- What care and treatment do people believe I need?
- Can the care and treatment I need happen in the community setting?
- Do I have advocacy or someone to support me to understand my care and treatment?

Current resources and potential resources available are identified.

- What additional support is needed to keep me/others safe in the community?
- What resources are available/can be created or used in a different way to support me?
- What additional support is needed for my family/ carers? Has there been a carer's assessment?

What will make sure that I and others are safe but my rights are supported? (Least restrictive options are being considered)

It is important that the least restrictive option is chosen and that the person is supported to maintain the maximum level of freedom and quality of living. For this reason each level of support will be considered in the following order of importance:

1. Can I be supported at home with the relevant help and support taking place there? (Additional support packages will be considered favourably by commissioners.)
2. Can I have a break and/ or be supported in a local community placement until a future solution is found or I am well enough to return home
3. If I need hospital is there a local hospital in my area that can meet my needs? Please note that mental health needs should be met in acute mental health services and underlying physical health needs in acute hospitals.
4. If I need a hospital and there is not a bed available in my local area can support be given whilst I wait for a bed to be available?
5. If not in my local area and there is no other safe alternative can I go to the neighbourhood nearest to my home?