Suffolk County Council

NHS
Ipswich & East Suffolk Clinical Commissioning Group
West Suffolk Clinical Commissioning Group

Keyworking Function Escalation Policy

Policy Version History

Version	Date	Author	Changes Made
First Edition	29/03/2022	Anita Farrant	

An Escalation Policy for Suffolk CYP Partnership when Working with Vulnerable Children and Young People with a Learning Disability and/or Autism.

Why This Policy is Important.

Dame Christine Lenehan, in her review "These are our children" (2017) reported that over the course of her review she had taken repeated evidence of inpatient costs for individual children averaging at £1 million per child every three years. She also found that there was rarely any provision post admission to assessment and treatment units which resulted in children becoming "stuck". In effect she said "We have created a one-way street for children which will mean a lifetime at substantial cost to the taxpayer for some very poor outcomes" These are our children: a review by Dame Christine Lenehan (publishing.service.gov.uk)

It therefore behoves the CYP Partnership to work together to avoid as many unnecessary admissions for Children and Young People (C&YP) with a learning disability and/or autism as possible and when admission is unavoidable, to facilitate the earliest discharge with the necessary support to avoid readmission.

Dame Christine Lenehan also found that despite the clinicians and managers she spoke to all being passionate, committed, and enthusiastic about improving outcomes for the children they worked with, there was a lack of ownership amongst individual agencies. There was need for a coordinated, focused approach to hold all agencies accountable for "our children".

The Keyworking Function Guidance sets out on page 6 the requirement of a cross system escalation process where senior leadership support is required to achieve progress.
cdc.keyworking.guidance.v4.pdf (councilfordisabledchildren.org.uk)

This escalation policy sets out the agreed process to resolve issues when, for one reason or another, agencies struggle to deliver the assessment, treatment and care that is necessary to keep CY&P with a learning disability and/or autism safe and healthy in the community.

The Standard for 'Outstanding' Partnership Working

1. A culture of early identification and escalation to partner agencies when there are concerns about a child or young person (CYP) who is demonstrating behaviours that challenge and is not receiving the assessment, treatment, or care that they require.
2. Open and transparent dialogue with partner agencies, even if this means exposing areas of weakness to be addressed in the agency's own systems and processes.
3. Respect means responding to the concerns of partners, even if one agency feels the concern has insufficient eligibility for a service. Respect means at least having a mature conversation about a CYP's needs and the best way forward.
4. Disagreements should always be handled through conversations which seek to arrive at a joint understanding. A lack of communication, confrontational positioning, or aggressive emailing are all signs of dysfunctional partnership working likely to rebound badly on vulnerable children.
5. Partner agencies should have high mutual expectations of one another, based upon prioritising keeping CYP with a learning disability and/or autism healthy in the community.
6. Outstanding partnership working means there is no weak link in the 'professional supply' chain.

Likely Flashpoints

1. A conflict or dispute may arise at any level between any two individuals, groups, or agencies within the wider partnership. It could be operational, about an issue of policy, whether or not to carry out one type of review or another, or about strategy.
2. Frequent examples are:
    a. Health or Social Care having unrealistic expectations about one another when a CYP needs discharging from hospital or needing to move from one setting to another.
    b. Partners disagreeing about who should fund the treatment or care for a CYP.
    c. Partners not having the resources to respond in a timely manner to the needs of C&YP
    d. Community resources are not available to support C&YP and their families.
    e. Therapies are not adequately commissioned
    f. Schools are unable to offer the required support or reasonable adjustment to the CYP due to lack of recourses, training, or culture.
    g. A conflict about information sharing, about what to share, who to share it with, what the consent process should be and whether the information is relevant.
    h. CYP and their families' views are not being taken into consideration.
3. Cases that are not progressing or are stuck where a worker or an agency feels that a care plan is either not making progress or achieving change for the CYP.

NB: when partnership working is outstanding, these types of conflict rarely, if ever, arise because partners have evolved a shared approach to risk, thresholds, and actions. Such high trust partnerships are the ideal to aim for.

Principles to Abide By

1st Principle: Desist from an aggressive reaction and enter a dialogue, if need be an extended dialogue (within the timescale for the issue to be resolved).

2nd Principle: Persist in reaching a resolution, do not detach and act unilaterally.

3rd Principle: The person or agency concerned should escalate internally and the escalation to go to the person most likely to be able to sort the issue out.

4th Principle: Resolve quickly, so use of phones or email is important, not waiting for meetings as that process usually (but not always) causes delay.

5th Principle: Conflicts of this nature also arise with children, adults or carers, and the same approach to dispute resolution applies

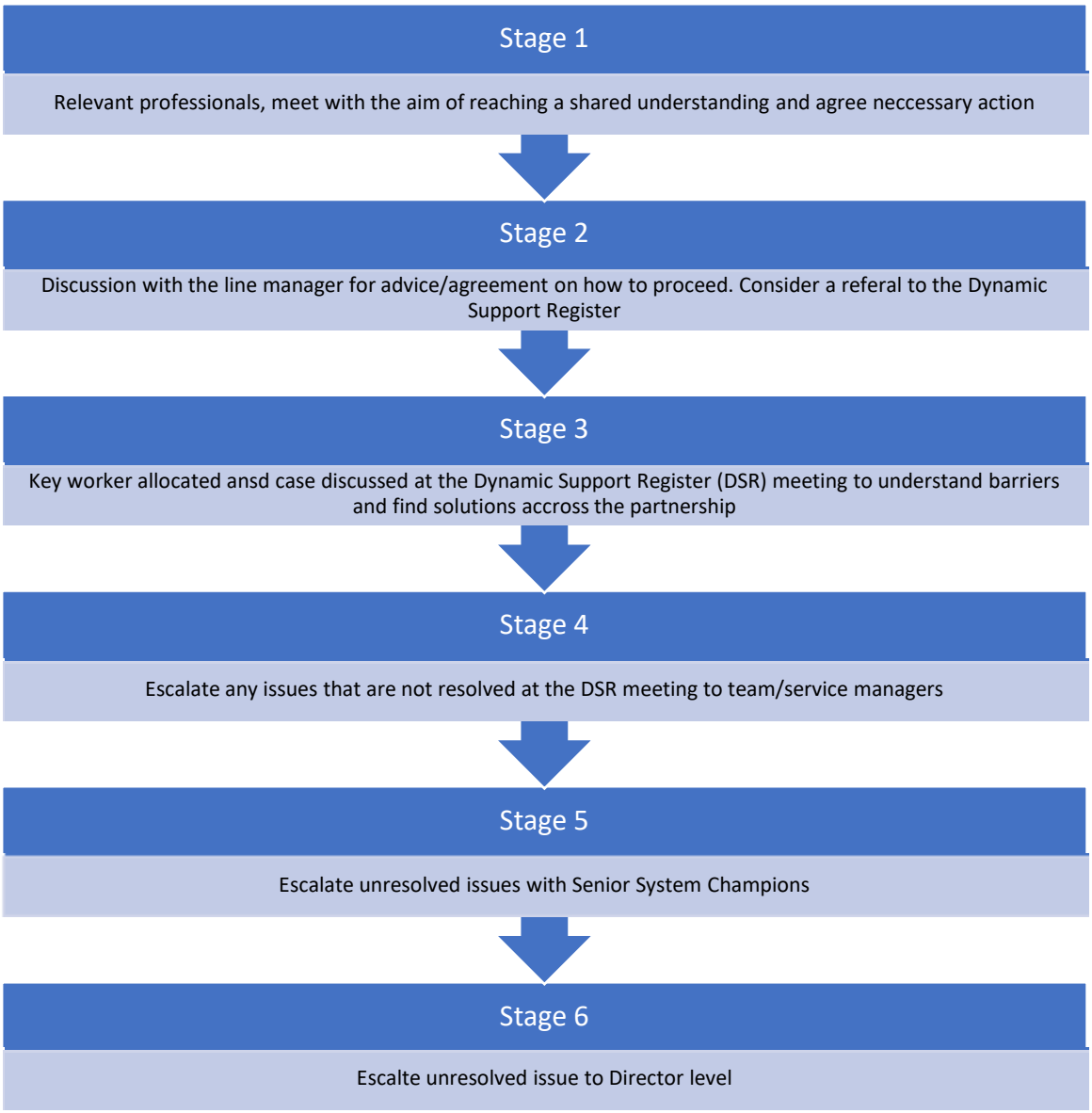
6th Principle: Work in coproduction with CYP and their families at all times.

Staged Process for Escalation

A. Resolving the barriers to assessment, treatment, and care for CYP with a learning disability and/or autism.

Practical measures should be taken to ensure that escalation occurs through the following stages unless the situation is so serious that it requires urgent protective action. These stages are not fixed

and should be viewed flexibly. They do not need to be followed sequentially in every situation. You could go straight to the final stage or miss out a few stages, so the staged process is a guideline not a requirement



Stage 1:

Relevant professionals meet and discuss with the aim of reaching a shared understanding and agree necessary action. This meeting should be held as soon as possible to ensure the issues are resolved without delay. Generally, concerns should be discussed either by phone, email or in a meeting within maximum 3 working days from the day the concerns were raised.

Stage2:

If agreement cannot be reached and someone still has concerns that a CYP is not receiving the recommended assessment, treatment, or care, they should discuss this with their manager. This

should happen at the earliest opportunity, preferably on the same day as the Stage 1 discussion or meeting and generally no longer than one working day later. If there is concern that the CYP's condition/challenging behaviour could or has deteriorated significantly to increase the risk of admission into an inpatient setting a referral to add the CYP to the DSR should be considered and actioned with the CYP's or their families' consent. Acceptance on to the DSR is unlikely to be agreed if Stage 1 has not been completed or attempted.

Stage 3:

Discussion at the Dynamic Support Register Meeting:

There is a requirement for clinical commissioning groups (CCGs) to develop and maintain registers to identify C&YP with a learning disability, autism or both who display, or are at risk of developing, behaviour that challenges or mental health conditions and who are most likely to be at risk of admission. Every CYP on the DSR will be discussed at a fortnightly meeting (DSR Review Meeting). Their risk of admission will be rag rated and unresolved issues that are creating barriers to the de-escalation of their challenging behaviours or mental ill health are troubleshooted and solutions are agreed. The key worker will lead on the coordination of the various assessments, treatments and care that are deemed necessary for CYP rated amber or red and will ensure that these happen in a timely manner that meets the needs of the CYP. It may be deemed necessary to refer, with the CYP or their family's consent for a Care, Education and Treatment Review (CETR). In an emergency situation where admission is felt to be imminent a Local Emergency Area Protocol (LEAP) should be undertaken.

Stage 4:

If following discussion at the DSR and/or agreement about assessments, treatments and care recommended by the CETR there is insufficient progress to de-escalate the risk of admission into an inpatient setting the key worker, or any other concerned practitioner should escalate their concerns to their team or service manager who should speak to the Key Worker Team Manager who will speak to the team/service manager/s in the partner organisations where progress has stalled and attempt to understand and find solutions to the barriers to progress.

Stage 5:

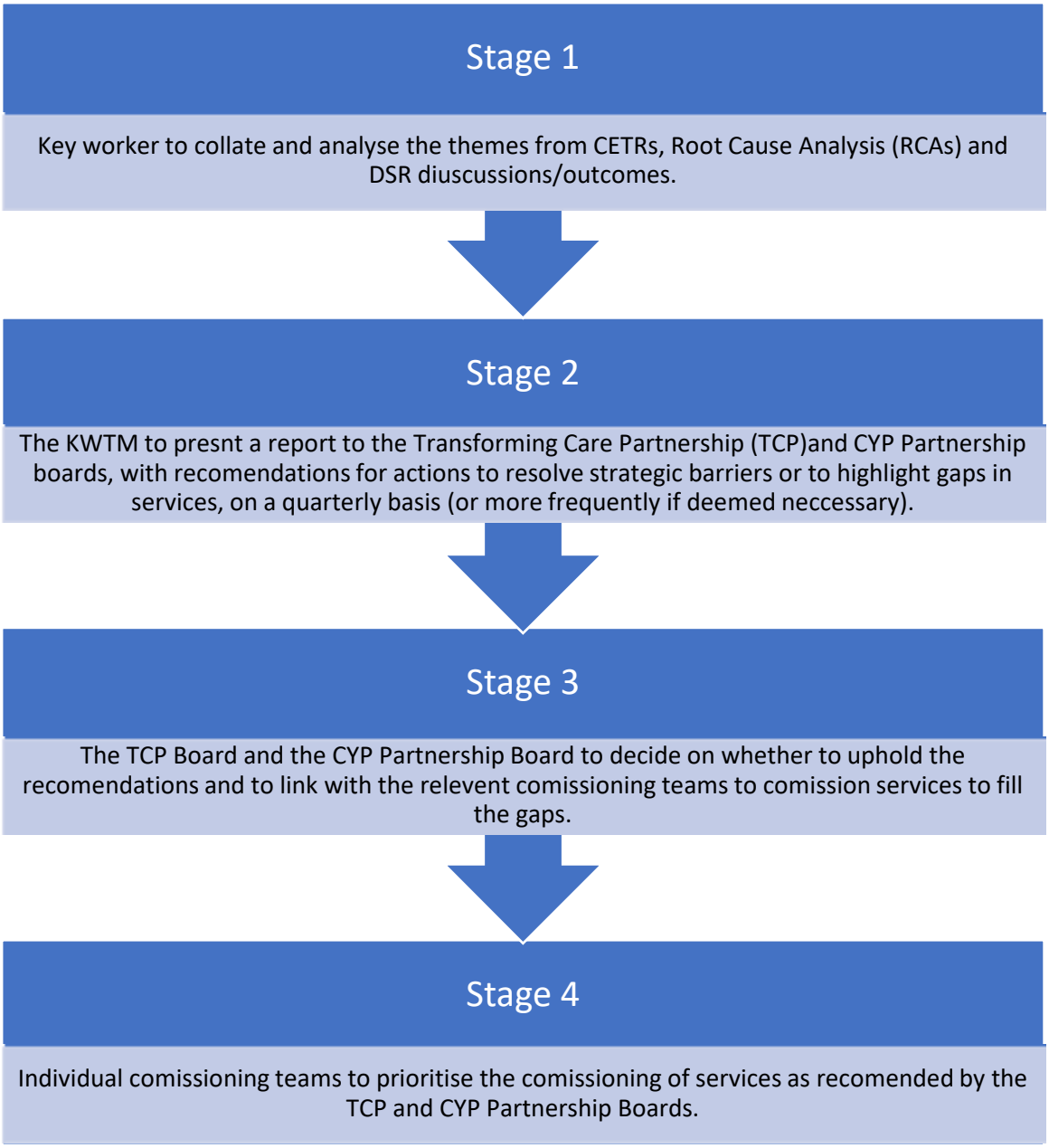
Each organisation will nominate a senior manager who will have the authority to resolve "wicked" issues that have not been possible to resolve at an operational level. These will be the Senior System Champions. If barriers to access assessments, treatments and care remain unresolved after escalation through stages 1 to 4 the Key Worker Team Leader will escalate the issues to the Senior System Champions for a definitive solution to the blockages faced by the CYP or their family.

Stage 6:

If Senior System Champions are unable to overcome the barriers to delivering assessment, treatment, and care for these children the issues need to be raised to Director level for ultimate resolution

B. Escalating strategic issues and gaps in services

An important element of the Key Worker function is to ensure there is an appropriate level of provision in place and accessible to the children and young people who need it, when they need it.



Whistleblowing or Raising Concerns at Work

Whistleblowing is when someone who works in or for an organisation passes on information, which they reasonably believe shows wrongdoing or a cover-up by that organisation. For example, the information may be about activity that is illegal or that creates risks to the health and safety of others. The concern may relate to something that has happened, is happening or that a person may fear will happen in the future. Individuals need to refer to their own agency's/employer's whistle blowing policy and raise concerns with their line manager or Director.

Review Period

This policy will be reviewed 6 months after the launch of the keyworking function to assess its functionality. Subsequently the policy will be reviewed every 24months.

Signatures

Executive Director(s) of Commissioning responsible for children and young people's services	Executive Director(s) of Mental Health Trust
Organisation: Suffolk & North East Essex CCG Designation: Director of Nursing Signature:	Organisation: Norfolk & Suffolk Mental Health Trust Designation: Signature:
Local Authority Director(s) of Children's Services	Parent carer/ forum or group
Organisation: Suffolk County Council Designation: Director of Children's Services Signature:	Organisation: Designation: Chair Signature:
(Other)	(Other)
Organisation…… Designation…… Signature……	Organisation…… Designation…… Signature……