Pan, BaNES, Swindon, and Wiltshire Safeguarding Discharge Planning Protocol:

Discharge of Children and Young People from a Hospital Setting

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Safeguarding Discharge Planning Protocol: Discharge of Children and Young People from Hospital Settings.

This guidance has been developed by BaNES, Swindon, and Wiltshire Children's Social Care (CSC), Oxford Health NHS Foundation Trust (CAMHS), Great Western Hospital NHS Foundation Trust (GWH), Salisbury NHS Foundation (SFT) Trust and Royal United Hospitals Bath NHS Foundation Trust (RUH) to support multi-agency staff to make appropriate arrangements to ensure the safe discharge and transfer of children and young people, where there are safeguarding concerns, from acute hospital settings.

This guidance applies to children already known to have safeguarding concerns prior to admission and children in whom a safeguarding concern arises during admission or where the child is looked after.

1. Child Protection Concerns - actions for Staff in Hospital Settings (Long Term Admissions see Appendix1) **(GWH, RUH, SFT & Marlborough House)**

Children with known safeguarding concerns may be admitted to hospital with an acute medical, surgical, or mental health problem, or for a planned period of observation or intervention, or they may in some instances be admitted due to further safeguarding concerns. Other children will be admitted to hospital and during their stay safeguarding concerns may arise.

Where there are new safeguarding concerns the child must be referred to Swindon or Wilshire MASH (Multi-agency Safeguarding Hub) or BaNES Children's Social Care Triage Team and the child should not be discharged without a discharge planning meeting or following a discussion with Children's Social Care (CSC) or the emergency duty team and, where appropriate, other multi-agency partners such as the Police.

If a child is already known to CSC with current Child Protection/Child in Need/Child Looked After or safeguarding concerns, there must be a discussion with the allocated social worker or emergency duty team and appropriate plans made prior to discharge (which may include a safeguarding discharge planning meeting).

Where there are new identified safeguarding concerns, the child should not be discharged from hospital, without agreement between the consultant and social worker.

This agreement must be documented clearly in the child's medical records and the medical professional must clearly state what discussion has taken place with CSC and what the agreed discharge plan is that ensures the child is being discharged or transferred to a place of safety.

For B&NES delayed discharge policy please refer to Appendix 1.

Discharge letters, which detail the discharge plan must be copied with the patient's/parent's/carer's knowledge (as long as doing so does not place the child at risk of significant harm), to the relevant health and social care children's professionals involved with the family, with clearly documented plans for further follow up or investigations. As far as possible, all investigations should be completed before discharge. However, if all results are not available and the child / YP is medically well then discharge should not be delayed If the child is discharged to an address other than their home/placement address, or into the care of someone other than their parent or carer, this must be clearly recorded in the child's

records. The Named Nurse for Safeguarding Children for the NHS Trust where the child has been admitted must be informed and, if necessary, advice sought. If the admission relates to maternity services, then the Safeguarding Midwife must be informed. The Named Professional can give advice regarding the Safeguarding Discharge Planning meeting (DPM).

If medical information from a previous NHS Trust(s) (if they have been treated at another hospital) is required before discharge, then it should be agreed between CSC and the Consultant Paediatrician as to who will be obtaining this.

2. Safeguarding Discharge Planning meetings (DPM's).

Safeguarding DPM's are different to Clinical DPM's. If there are no safeguarding concerns and a DPM is required to discuss and agree future clinical care, then this can proceed without CSC or named professional involvement.

If there are safeguarding concerns, then the following agencies must be invited to attend the DPM. This will be arranged by either the staff within the hospital where the child is being cared for or CSC

- Child/Parent/Carer
- Children's Social Care Manager/Social Worker
- Paediatric Consultant (or specialist registrar with consultant's consent).
- Other relevant hospital staff involved in the care of the child/family
- Community Midwife if baby being discharged from maternity service
- Specialist Midwife
- Health Visitor if the child is under 5yrs/Specialist Nurse for CLA from the appropriate health team for a 0–18-year-old.
- Appropriate mental health colleagues if child is being discharged from Marlborough House (inpatient)
- CAMHS (community)
- GPs
- Other agencies may need to be involved and attendance should be considered such as, School Nurse, Police, Adult Mental Health colleagues, Learning Disability colleagues, Substance Misuse Services

The Named Nurse for Safeguarding/Safeguarding Midwife must be informed of the DPM, and a decision will be made as to the appropriateness of their attendance.

If the child is open to CSC and subject to a Child Protection Plan, a Child in Need plan, or is a Child Looked After, then CSC will chair the meeting, unless it is more appropriate for health professionals to do so.

It may be appropriate for a DPM to be held to share information and plan for a safe discharge even if the social worker does not feel this is necessary, or if the Trust staff feel the parents/carers require early help support and there is no social worker involved with the family.

If a child is not open to CSC but safeguarding concerns have been identified in a clinical DPM then a referral should be submitted to MASH/Triage team by Trust staff. The referral will be triaged, and a threshold decision made based on the information provided. If threshold has been met, then this will be passed to the relevant CSC assessment team who can then attend SDPM.

If threshold has not been met, CSC will not attend DPM. If further concerns have been identified from DPM then Trust staff should contact MASH/Triage team to provide an update. If a strategy discussion has taken place and there are clear actions identified around discharge planning, then a DPM does not need to go ahead.

When a child who is subject to a child protection plan or a child looked after, is admitted with a medical condition, and where there are no new safeguarding concerns then a DPM may not need to be held however, a conversation MUST take place before expected discharge between the relevant paediatric nursing staff/CAMHS clinician and the allocated social worker to agree a plan for discharge.

3. **Timing of the Safeguarding Discharge Planning Meeting (For Discharge-Planning under S.117 MHA see Appendix 1)**

When it is agreed that a Safeguarding Discharge Planning Meeting (SDPM) should be held this should be convened, if possible, at least 24 hours prior to discharge (48 hours as a minimum for CLA) to allow for appropriate arrangements to be made to support or safeguard the child or young person.

In Marlborough House and Neonatal Units, the patients are generally in for a longer period and therefore the SDPM should be arranged within 5 working days prior to the planned discharge date.

However, the timing of the meeting should not result in a delayed discharge (Avoiding Delayed Discharge under S117 MHA see Appendix 1) for the child/family, this should also include waiting for test results when a child is fit and well. There must be an appropriate safety plan in place in the interim.

Consideration must be given in relation to early discharge from maternity after a baby has been born, where the parents may have opted for 6hr discharge. In these cases, Safeguarding DPM's will need to take place on the day of discharge.

4. **The Safeguarding Discharge Planning meeting must be fully documented and include:**

- Who was invited and who attended the meeting.
- An agreed multi-agency discharge plan will set out arrangements for the care and safety of the child following discharge from hospital into the community and will include assessment of any risks and include the actions, timescales, and person responsible for actions.
- Details of the child's GP. If they are not registered, the parents/carers with appropriate authority, must organise this before the child leaves hospital and at DPM an agreement made as to who will confirm this action has been achieved.
- Additional medical investigations requested including timescales for completion.
- Documentation of any legal orders arising from the admission (with copies filed if available).

- Agreement as to whom the minutes of the meeting should be sent to, including those not present, for example GP.

- Any further meetings required or other review dates.

- Agreement about what information should be shared with parents/carers and other professionals by whom and by when.

- If the meeting is chaired by CSC, then they will be responsible for taking minutes and circulating these to the parents/carers, attendees and invitees. If the Hospital/Marlborough House are chairing the meeting then they will be responsible for taking the minutes and circulating to the parents/carers, attendees, and invitees. Copies of the SDPM meeting minutes should also be sent to the GP, School Nurse/health Visitor also the Named Nurse for the Community and the Designated Nurse for Children Looked After (CLA) if the child is in care.

- A copy of the SDPM meeting minutes must be placed in the child's medical records. If the child has a current, open involvement with CSC, these will be stored on the child's electronic file. Key actions in the form of bullet points from the meeting MUST be sent to professionals immediately after the meeting by the chair.

5. Escalation

The escalation policy/case resolution protocol ensures that all professionals have a quick and straightforward means of resolving professional differences in order to safeguard the welfare of children and young people.

When working with children and their families' professional disagreement can be a positive, as challenge allows for review and can foster creative ways of working. However, disagreements can negatively impact on positive working relationships and consequently on the ability to safeguard and promote the welfare of children. Professional disagreements always require resolution.

Swindon Safeguarding Partnership escalation policy:
https://safeguardingpartnership.swindon.gov.uk/downloads/download/38/escalation_policy

Wiltshire Safeguarding Vulnerable People Partnership case resolution protocol:
https://wiltshiresvpp.org.uk/assets/02523611/case-resolution-protocol.docx

BaNES Community Safety and Safeguarding Partnership Escalation Procedure:
https://bcssp.bathnes.gov.uk/sites/default/files/2022-03/bcssp_escalation_policy.pdf

If the child is looked after and there is a delayed discharge due to lack of a suitable placement the Designated Nurses for CLA in BSW IBC should be contacted as soon as possible.

6. **Appendix 1**

Information for Clinicians

All Departments

Guidelines for children who present to the Trust with mental health issues who are medically fit/no longer meet the criteria to reside, but there is no clear pathway for safe discharge

Amendment History

Issue	Status	Date	Reason for Change	Authorised

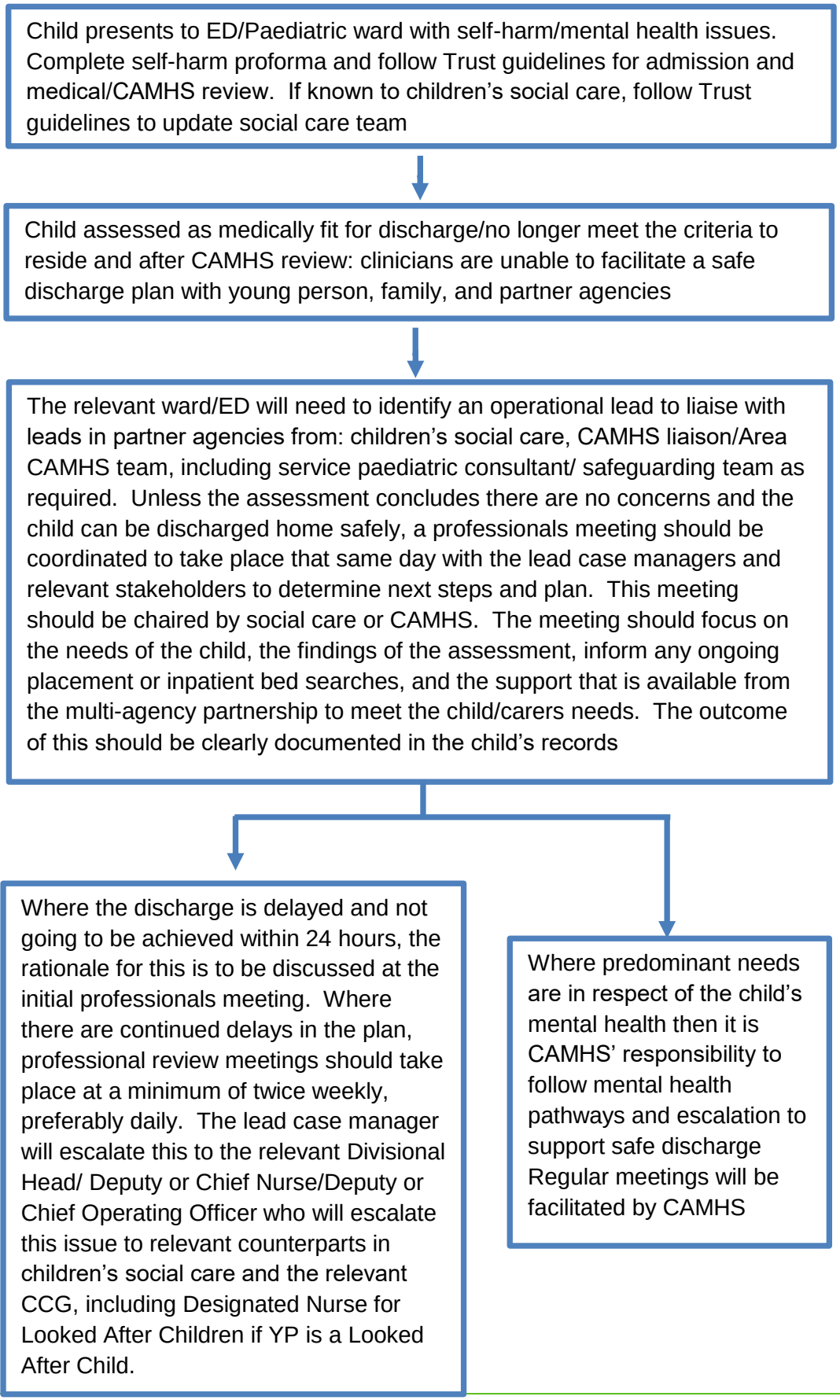
Principles

- The children/young people are at the centre of all our thinking and planning.
- All agencies supporting young people presenting to the Royal United Hospitals Bath NHS Foundation Trust (RUH Bath) work to the shared principle that the use of an acute hospital bed is not appropriate placement for a child or young person who does not require physical medical intervention.
- Agencies in the RUH Bath commit to working together to enable a timely solution for the child by identifying an appropriate safe discharge destination and facilitating a safe discharge.
- As far as possible agencies will attempt to avoid duplication in assessments and will coordinate resources to ensure a timely initial response, particularly if an incidence takes place out of hours.
- All agencies recognise the importance of early involvement by senior management to ensure that resources and response are coordinated across complex services, and to nominate a single point of contact known in this protocol as the Lead Case Manager for the RUH Bath.

- Where there is professional disagreement about the pathway required to meet a child's needs or the findings of an assessment, all agencies will take steps to resolve this in a timely and constructive way using the local escalation policy if required.

Overview

The RUH Bath is not an agreed place of safety, however, there are times particularly out of hours when children and young people cannot be discharged safely as either their current place of residence is not suitable, and/or there is no alternative place of residence for the young person to be discharged to. Often this situation also involves an assessment of the child or young person by the CAMHS service. Children who have experienced trauma, abuse and neglect may present at hospital with dysregulated, risk taking or self-injuring behaviours. For these children there can be professional disagreement about whether a mental health or safeguarding response is required to meet their needs. Often, even if the child does not have a mental health diagnosis, mental health services input or support is required to enable safe discharge and risk associated with the behaviour to be reduced. It is imperative that high-quality decisions are made by the agencies around children to ensure that children are not in acute hospital beds unnecessarily. This requires collaborative partnership working and multi-agency assessment which recognises competing pressures but ensures that the child's needs and safety is paramount. Therefore, if a child or young person presents to the RUH Bath who is medically fit/no longer meet the criteria to reside, but there is an unclear pathway for safe discharge, all agencies recognise this as a situation requiring a multi-agency response and commit to work together in line with the following protocol:


Child presents to ED/Paediatric ward with self-harm/mental health issues. Complete self-harm proforma and follow Trust guidelines for admission and medical/CAMHS review. If known to children's social care, follow Trust guidelines to update social care team
Child assessed as medically fit for discharge/no longer meet the criteria to reside and after CAMHS review: clinicians are unable to facilitate a safe discharge plan with young person, family, and partner agencies
The relevant ward/ED will need to identify an operational lead to liaise with leads in partner agencies from: children's social care, CAMHS liaison/Area CAMHS team, including service paediatric consultant/ safeguarding team as required. Unless the assessment concludes there are no concerns and the child can be discharged home safely, a professionals meeting should be coordinated to take place that same day with the lead case managers and relevant stakeholders to determine next steps and plan. This meeting should be chaired by social care or CAMHS. The meeting should focus on the needs of the child, the findings of the assessment, inform any ongoing placement or inpatient bed searches, and the support that is available from the multi-agency partnership to meet the child/carers needs. The outcome of this should be clearly documented in the child's records
Where the discharge is delayed and not going to be achieved within 24 hours, the rationale for this is to be discussed at the initial professionals meeting. Where there are continued delays in the plan, professional review meetings should take place at a minimum of twice weekly, preferably daily. The lead case manager will escalate this to the relevant Divisional Head/ Deputy or Chief Nurse/Deputy or Chief Operating Officer who will escalate this issue to relevant counterparts in children's social care and the relevant CCG, including Designated Nurse for Looked After Children if YP is a Looked After Child.
Where predominant needs are in respect of the child's mental health then it is CAMHS' responsibility to follow mental health pathways and escalation to support safe discharge Regular meetings will be facilitated by CAMHS

Appendix 2: Long Term Residential Hospital Provision

When residential hospital provision is arranged for a child or young person, for a period of three months or more, the appropriate responsible authority must be notified. The responsible local authority (*see table at end of this document*) then has a duty to take steps to ensure that the child or young person's welfare is safeguarded section 85 & section 86 Children Act 1989.

Section 86 Children Act 1989 applies to children or young people placed in residential care homes or independent hospitals, including hospices, by health bodies or local authorities.

For children who have been admitted to a psychiatric hospital and who are ordinarily resident outside of Swindon/BANES /Wiltshire, once notified of the placement Swindon/BANES /Wiltshire Children & Families should inform the Director of Children's Services for the Local Authority responsible for the child, that is where the child is ordinarily resident (the Responsible Authority). This will ensure the child's home local authority is both aware of the placement and prepared for any subsequent financial responsibilities it may incur for any education element of the placement or after care services**.**

There is a duty for the hospital to inform the responsible Children's Services Department when a child ceases to be provided with accommodation and is discharged.

Discharge-planning under Section 117 Mental Health Act 1983

Planning for discharge for all young people must commence on day 1 of admission. The CPA Discharge Planning Meeting must be held before the child/young person is discharged. The purpose of the meeting is to ensure that there is an appropriate multi-agency plan in place for the child/young person's discharge.

The CPA Discharge Planning Meeting will be arranged by a member of the multi-disciplinary team in the inpatient Unit in conjunction with the CPA Co-ordinator. Five days' prior notice of the time/date/venue of the CPA Discharge Meeting must be given to all professionals including those not physically based on the psychiatric unit (including, if they are involved, the named/allocated Social Worker, the Social Work Team Manager, the Lead Health Professional, and the Independent Reviewing Officer).

The meeting will be chaired by the Consultant Psychiatrist. Where the Consultant Psychiatrist does not chair the meeting, they must formally delegate authority to a member of the multi-disciplinary team in the inpatient unit.

If it is considered by the child/young person, their parents, the CPA Co-ordinator, the Clinical Team, the Social Worker/Team Manager, or the Independent Reviewing Officer that the Discharge Plans do not meet the child/young person's identified needs then this concern must immediately be escalated to the Service Manager. The respective NHS Provider Trust lead for Safeguarding must be additionally notified by the young person's CPA Coordinator.

Every effort should be made to avoid the discharge of a Young Person from a psychiatric inpatient unit on a Friday. Where this cannot be avoided, appropriate support must be in place over the weekend.

Children in Need and Children subject to Child Protection Plans

Discharge planning meetings must consider the views and wishes of the child/young person (via an advocate if CYP wishes) and the meeting must always consider potential risk and protective factors.

The meeting should be attended by the young person, their advocate, the CPA Co-ordinator, ward staff (and the Key Worker), the Consultant Psychiatrist and the named/allocated Social Worker.

Consideration should also be given to the appropriateness of inviting other key people including parents and family members (where appropriate), the child/young person's carers/future placement, the Social Worker's Team Manager /ATM and the IRO.

Looked After Children

The Social Worker, Team Manager, Independent Reviewing Officer, and LAC Lead Professional must attend and provide reports to the meeting to ensure the most appropriate discharge arrangements and plans can be developed and agreed.

If the Independent Reviewing Officer does not attend the Discharge Planning Meeting, the named/allocated Social Worker must ensure that the IRO has a copy of the Discharge Plan, including the rationale of the Plan, the monitoring, support, and treatment plans, etc. The IRO must consider all the Plans that are in place, ensuring that all the child/young person's needs are to be addressed alongside the assessed mental health needs.

If the Children's Services Team Manager /ATM is unable to attend the Discharge Planning Meeting, then a covering Team Manager must attend.

It is not considered appropriate to combine the CPA Pre-Discharge Meeting with the Statutory Child Looked After Review.

The Independent Reviewing Officer is expected to review the Discharge Plans and agree the appropriateness of the Plans.

Avoiding Delayed Discharge

Continued in-patient care for a child/young person who is clinically fit for discharge is never in the child/young person's best interest.

It is the named/allocated Social Worker and their Team Manager's responsibility to have identified, in advance, an appropriate placement for the child/young person to be discharged to and arrangements made to meet any additional needs.

An Interim Placement for the child/young person post discharge is to be avoided wherever possible. If this is necessary, it is very important that there are satisfactory handovers of the CPA and Care Plans to the interim placement and that there is on-going specialist support available to the child/young person and the carers/placement throughout the interim placement.

The young person's agreement, or objection, to Care Plans should be specifically recorded.

Discharge of the child/young person under Section 3 and Section 117 Mental Health Act 1983

Section 117 Mental Health Act 1983 imposes a duty on the relevant Health and Local Authorities to provide after care services until both authorities are satisfied that the service user no longer needs such services. This is a multi-agency process setting out responsibilities for each agency where young person has been sectioned under section 3, 37, 45A, 47 or 48 of the Mental Health Act 1983. As soon as a young person is sectioned, they become eligible for after care under section 117

See Roles and responsibilities and timescales

Children in Need and Children subject to Child Protection Plan

At the point of discharge, there should be a clear and coherent CPA Plan. This should include follow up arrangements, the supports available to the child/young person and carers, any specific care issues, contact arrangements and the date/time of the Child in Need review meeting.

Looked After Children

At the point of discharge, there should be a clear and coherent CPA Plan. This should include follow up arrangements, the supports available to the child/young person and carers, any specific care issues, contact arrangements and the date/time of the Statutory Child Looked After Review. The CPA Plan should be consistent and integrated with the child/young person's Health Care Plan.

For all children the Discharge CPA Plan must be shared with all appropriate professionals – e.g., the CPA Co-ordinator, the Clinical Team, the named/allocated Social Worker, the Social Work Team Manager, the Independent Reviewing Officer, the relevant LAC Designated Nurse, the child/young person's GP. Responsibility for sharing the Discharge CPA Plan lies with the CPA Coordinator.

The discharge plan should be incorporated into the child's psychiatric clinical record and shared with the community team who will provide post-discharge care. The social worker should ensure that the discharge plan is incorporated into the child's Children's Services record and shared with the IRO.

Discharge during Home Leave

Where a young person refuses to return to a unit from home leave and discharge is agreed, then the Key Worker must immediately inform the CPA Co-ordinator, the named/allocated Social Worker and where appropriate, the LAC Lead Professional. If discharge of this child/young person is then being considered in their absence, a CPA Discharge Planning Meeting should be convened as soon as possible and always within five working days. This Discharge Meeting must consider the assessment of risks involved (to the child/young person and to others), what further actions may be necessary, discharge and follow up arrangements.

Post Discharge

Children in Need

For Children in Need consideration should be given to convening a Child in Need review meeting to ensure the best arrangements and support are available to the young person and their family following discharge.

Children subject to Child Protection Plans

Consideration must be given to holding a core group meeting or bringing forward the Child Protection Case Conference if there is a need to amend the Child Protection Plan.

Looked After Children

Where a child/young person is 'looked after', the child/young person's statutory "Child Looked After" review must take place within eight working days of the child/young person's discharge from the In-Patient Unit; this will be chaired by the Independent Reviewing Officer and the Social Worker/Team Manager, LAC Lead Professional and CPA Co-ordinator must attend the Child Looked After review.

Roles and Responsibilities and Timescales

Within the first week of a child being made subject to section 3 or other relevant sections of the MHA 1983.

The hospital should:

- Identify the hospital's named practitioner
- Refer the child to Local Authority Children's Services (if the child is not already open to Children's Services.
- Clarify the named and responsible commissioners both for the local authority and the Integrated Care Board.
- Identify the child's and parents' current GP.
- Establish if the child is currently being assessed for Children's Continuing Care or has been assessed as eligible. (NB if this includes health care needs

not related to mental health needs eligibility for CHC may not be known to the care coordinator, e.g., if a child is incontinent or PEG fed).

- Ensure that CAMHS are aware that the child has been admitted to hospital and contribute to multi-agency planning.

Where children / young people are admitted to hospitals far from home staff are unlikely to identify and contact the responsible local authority and commissioner. It is more likely that this will be completed by the Approved Mental Health Professional (AMHP) making the application under section 3 MHA or by the Care Coordinator from the local community service that arranged the admission.

The Local Authority Children's Services should:

- Allocate the child to a Social Worker.
- Clarify the child's legal status.
- Start a Child & Family Assessment to assess the child's needs.
- Clarify the child's education provision.
- Liaise with the SEN Team to clarify if the child has an EHCP or refer to SEN.

The Local Authority Social Worker should:

- Visit the child.
- Work with all professionals, specifically the CAMHS worker.
- Contribute to multi- agency planning.

Within the first month of a child being made subject to s3 MHA 1983.

The Hospital Care Coordinator should:

- Clarify the child's admission under s.3 Mental Health Act 1983.
- Arrange a planning meeting(s).
- Identify the responsible clinician (within the hospital team).

The CAMHs Worker should:

- Take the lead in discharge planning alongside the Local Authority Social Worker.

The Local Authority Children's Services should:

- Agree who will be lead commissioner for sourcing a placement if required (support from other agencies may also be required).

The Local Authority Social Worker should:

- Assess the child's needs and develop a multi- agency plan.

Discharge Planning

The Social Worker and the CAMHs worker should:

Complete discharge plan with the young person.

The Local Authority Social Worker and the SEN worker should:

- Consider the child's educational arrangements (where the child has an EHCP) at an early stage of discharge planning.

The Agencies and Supporting Professionals should:

- Agree a multi –agency contingency plan.

- Agree if any ongoing funding is required outside of the discharge plan and agree how this might be funded, for example through a personal health budget.

CAMHs and Adult Services should:

- CAMHS will refer the young person to Adult Mental Health Services (AMHS) when the young person reaches 17 years and 6 months.

- If the young person becomes 18 years of age while admitted to hospital under section 3 Mental Health Act, then CAMHS and Adult Services should determine the child's ordinary residence status under the Care Act 2014.

On Discharge

The Local Authority Social Worker should:

- Update the Child & Family Assessment.
- Confirm who the responsible clinician is.
- Agree needs and outcomes.

In order to make effective and consistent decisions the developing discharge plan will incorporate the child's assessed needs on admission and identify the support that will be required post discharge with associated costs. As part of this process an agreement will be needing to be reached on who will be the lead commissioner for sourcing the support.

The Responsible Local Authority

Responsibility for visits to children and young people placed in long-term residential settings		
	Placement is within the local authority area where child is ordinarily resident – the home local authority	Placement is within the area of a local authority area where the child is not ordinarily resident – the host local authority
Child or young person is placed by health bodies or by local authorities exercising education functions in a residential setting (Under section 85 of Children Act 1989)	**Home** local authority is the responsible authority	**Home** local authority is the responsible authority
Child or young person is placed by a local authority or health service in a residential care home or independent hospital (Under Section 86 of Children Act 1989)	**Home** local authority is the responsible authority	**Host** local authority is the responsible authority