NHS
Coventry and Rugby
Clinical Commissioning Group

NHS
Warwickshire North
Clinical Commissioning Group

Care (Education) and Treatment Review Policy – Arden and Solihull Transforming Care Partnership

Coventry and Rugby Clinical Commissioning Group
Warwickshire North Clinical Commissioning Group

VERSION CONTROL

Version:	1.0
Ratified by:	Governing Body Meetings in Common
Date ratified:	8 March 2018
Name of originator/author:	Arden and Solihull Transforming Care Partnership
Name of responsible committees:	Clinical Quality and Governance Committee
Date issued:	March 2018
Review date:	March 2021

VERSION HISTORY

Date	Version	Comment / Update
8 March 2018	1.0	Approved by Governing Body Meetings in Common

Care and Treatment Reviews; Policy and Guidance

Including policy and guidance on Care, Education and Treatment Reviews for children and young people

Final Policy v 1.0 November 2017

Solihull, Coventry and Warwickshire Transforming Care Partnership

NHS Coventry and Rugby Clinical Commissioning Group
NHS South Warwickshire Clinical Commissioning Group
NHS Warwickshire North Clinical Commissioning Group

Coventry City Council
Warwickshire County Council
Solihull Metropolitan Borough Council
NHS Solihull Clinical Commissioning Group

This local guidance should be used with reference in with the National Care and Treatment Reviews; Policy and Guidance Including policy and guidance on Care, Education and Treatment Reviews for children and young people, March 2017.

Throughout the document the following acronyms will be used:

CTR Policy Glossary	
Care & Treatment Review (CTR) Care, Education & Treatment Review (CETR) CYP	A way of planning that stops you being sent to hospital when you do not need to be. It also tries to make sure that, if you do go to hospital, it is for a short time.
Local Emergency Area Protocol (LEAP)	When admission is being sought in an urgent and unplanned way, a LEAP meeting must be undertaken to avoid unnecessary admissions.
Transforming Care (TC)	The government's plan for better services for people with a learning disability or autism and challenging behaviour.
Transforming Care Coordinator (TCC)	The TCC is responsible for overseeing that the recommendations made at a CTR are implemented by nominated responsible individuals and that updates are provided at subsequent CTR's.
Transforming Care Partnerships (TCP)	Commissioners from Clinical Commissioning groups (CCGs), local councils and NHS England working together. They will find new ways to plan and pay for services for people with a learning disability or autism and challenging behaviour.

1. Purpose

- NHS England developed Care and Treatment Reviews (CTRs) and Care and Education Treatment Reviews (CETR's) as part of the Assuring Transformation commitment to improving the care of children, young people and adults with learning disability and/or autism with mental health conditions and/or behaviour that challenges services.
- The aim of CTRs and CETR's is to
    - reduce hospital admissions and unnecessary lengthy stays in hospital,
    - facilitate a person-centred approach to ensure the treatment and support needs of the child or adult with a learning disability and or autism and their families are met, and
    - challenge and overcome any barriers to progress.

- Nationally, the commitment to Transforming Care for all individuals with learning disabilities and/or autism is supported by the Transforming Care Programme Board which includes NHS England, the Local Government Association and the Association of the Directors of Adult Social Services.

- Locally, The Arden and Solihull Transforming Care Partnership (TCP) is made up four clinical commissioning groups and three local authorities:
    - CRCCG – NHS Coventry and Rugby Clinical Commissioning Group
    - SWCCG – NHS South Warwickshire Clinical Commissioning Group
    - WNCCG – NHS Warwickshire North Clinical Commissioning Group
    - SCCG – NHS Solihull Clinical Commissioning Group
    - WCC – Warwickshire County Council
    - CCC – Coventry City Council
    - SMBC – Solihull Metropolitan Borough Council

- The Transforming Care Partnership works closely with the NHSE West Midlands Specialised Commissioning Hub to support people admitted to secure inpatient services.

- This document sets out the principle guidelines of *NHS England's Care and Treatment Reviews: Policy and Guidance*, including policy and guidance on Care, Education and Treatment Reviews (CETRs) for children and young people, March 2017, (superseded October 2015), and the expectations of local Health and Social Care organisations to imbed the ethos of an individualised and person centred approach in preventing unnecessary hospital admissions and challenging barriers to discharge. The document also refers to the Assuring Transformation national data collection of individuals within scope.

2. Governance Arrangements and Reporting

- The Transforming Care Partners listed above have agreed to form the **TCP Clinical Review Group**, Appendix (4) to implement required elements of NHS England's CTR Policy. The group provides the opportunity for a working forum to identify individuals at risk of admission and works in partnership to highlight and resolve barriers for the benefit of individuals with a learning disability and/or autism.
- Clinical leads from Coventry and Warwickshire Partnership Trust are also members of this group along with operational leads from social care.
- The TCP Clinical Review Group manage the following processes which are

mandated by NHS England to prevent admission and reduce lengths of stay:
    - Creation of transforming care register of people who are at risk of being admitted to specialist learning disability or general mental health hospital
    - Carrying out CTRs and CETRs in accordance with this policy
    - Conducting a 360 degree root cause analysis for every hospital admission and in cases where a hospital admission is narrowly avoided
- The TCP Clinical Review Group reports to the Arden and Solihull TCP Board to provide assurance that:
    - individuals' care and treatment is being reviewed regularly
    - admissions to hospital are appropriate, and that root cause analysis is being used to learn from admissions
    - lengths of stay are not prolonged unnecessarily past the period of treatment.

- Nationally, there is an expectation that local Health and Wellbeing Boards and Safeguarding Boards will take an interest in the implementation and outcomes of CTRs for a vulnerable group of their population.
- These Boards may ask for reporting on admissions, discharges and implementation of CTRs.
- The CCGs would be responsible for providing a report on these occasions.

- The CCGs Director of Nursing is ultimately accountable for the Transformation Care Register, CTR activity and the associated quality assurance required.

- Each CCG reports monthly to NHSE on numbers and types of CTRs undertaken. NHSE will monitor any individuals who are overdue for a CTR and will contact CCG Directors of Nursing where necessary to ensure that a CTR is held at the earliest opportunity.

- This local protocol will be evaluated in light of any local developments resulting from operating this protocol or any national policy or guidance.

3. Scope - or Who can have a CTR or CETR?

- The scope of the local CTR protocol covers children, young people and adults with a learning disability and/or autism in, or at risk of being admitted to, a specialist learning disability or mental health inpatient setting. The definition of 'learning disability' has been agreed by local Transforming Care Partnership Group.

- Individuals who live in Solihull, Coventry or Warwickshire or residing in out of city/county settings known about by CRCCG, WNCCG, SWCCG, SCCG, WCC. SMBC or CCC as funding authorities is within scope.
- Individuals will not be considered part of the cohort if they have been placed in Solihull, Coventry or Warwickshire by other funding authorities who maintain responsibility and continue to fund packages of care. However, wherever possible we will alert the relevant commissioner to advice of impending risk so their own CTR protocol can be enacted.

4. CTR / CETR Principles - or Why do we do CTRs / CETRs?

- The CTR/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.

- The CTR process has at its core the imperative to:
    - listen to the individual and their family,

- understand the current rational for providing care in hospital and
- where required, provide a sufficient level of challenge where progress or outcomes are felt to be limited or unsubstantiated.

- The objectives of a CTR are to:
  - Prevent unnecessary admissions to hospital
  - review the proposed care and treatment as well as the discharge plans of individuals urgently admitted to hospital as soon as possible following admission
  - Where individuals have been admitted to hospital, ensure there are clearly defined outcomes and an appropriate discharge plan is in place
  - Review the care and treatment of individuals who have been in hospital

CTR's& CETR's are intended to;

- Support families and adults and CYP with learning disabilities and or autism in being listened to and being equal partners in their own care and treatment pathway
- Prevent adults and CYP with learning disabilities and or autism being admitted unnecessarily into inpatient Learning Disability and Mental Health hospital beds
- Ensure any admission is supported by a clear rationale of planned assessment and treatment with measurable outcomes
- Ensure all parties work together with the person and their family to support discharge into the community (or to a less restrictive setting) at the earliest opportunity. Ensure there is a care coordinator for the individual.
- Support a constructive and person-centred process of challenge to current care and treatment plans where necessary
- Identify barriers to progress and to make clear and constructive recommendations for how these could be overcome
- Support families and adults and CYP with learning disabilities and or Autism in being listened to and being equal partners in their own care and treatment pathway

Please follow the link below to further NHS England CTR information:
https://www.england.nhs.uk/learning-disabilities/ctr/

5. Care and Treatment Reviews Summarised – When do we do CTRs?

There are four types of CTR/CETR. The criteria to undertake a CTR / CETR are;

Inpatient CTR – for an individual who is in an inpatient setting. The following are mandatory timeframes for inpatient CTR/ CETRs:

- Children and Young People under 18 years - every three months
- Adults (over 18) in non-secure settings - every six months
- Adults (over 18) in secure settings - every twelve months

In all cases a CTR/CETR can be carried out sooner by request if this is deemed appropriate (see point 4.2)

Community CTR – for an individual in the community who is at risk of admission to hospital. A Community CTR must take place before a planned admission (excludes those via a criminal justice route such as court disposal or prison transfer). People identified on the Transforming Care Register as being at risk of admission will be offered a community CTR.

LEAP meeting - When admission is being sought in an urgent and unplanned way,

a Local Emergency Area Protocol (LEAP), (previously known as Blue Light), meeting must be undertaken to avoid unnecessary admissions.

Post admission (inpatient) CTR - When an admission takes place without a Community CTR or LEAP, this is under exceptional circumstances i.e. out of hours, there will be a post admission CTR. A post admission CTR must be carried out within:

- Two weeks for Children and young people
- Four weeks for Adults

Enhanced Multi-Disciplinary Team meeting (EMDT)

Enhanced Multi-Disciplinary Team meeting (EMDT) - an MDT with a responsible commissioner present. To be implemented in circumstances where a CTR is not appropriate i.e. there is not a significant risk that a hospital admission is indicated, but where a package of care may need to be reviewed and amended speedily to ensure the right level of support is in place. However, usual commissioning routes / assessments must have taken place via normal channels and via regular MDT's before an EMDT is facilitated.

When it is clear during a CTR that the criteria for a CTR has not been met the CTR can be stood down to an EMDT at either at the outset or whilst the meeting is in progress. This will be decided by the Chair of the CTR.

6. CTR Requests

A CTR/CETR can also be requested by the following people (subject to necessary consent) at any point along the inpatient pathway where there are concerns regarding suitability of the service, the treatment plan, the individual's safety and wellbeing and/or if there is no clear discharge or transfer date and plan;

- The individual in receipt of services;
- The individual's family or carer;
- The Responsible Commissioner;
- The advocate for the individual in receipt of services; or
- The team who are supporting the individual, either from the inpatient services, or within the community, or the Social Worker.

A CTR can be requested at any time if the individual is on the TCR.

Consent or a Best Interest Decision, following documented Mental Capacity Assessment, must be obtained prior to the CTR referral being made.

Requests for CTRs should be directed to the persons care coordinator whose first response should be to address the concerns that have led to the request as promptly and thoroughly as possible, potentially mediating any concerns or dissatisfactions without the need for a review. Should the applicant continue to feel that a CTR is necessary then either the care coordinator, where there is one identified, or the referrer will contact the responsible commissioner to organise either a CTR or an Enhanced MDT meeting (EMDT).

The process for requesting a CTR is outlined in section 14

7. Purpose, frequency and responsibility for CTR/CETR

The following table (Table 1) summarises the purpose of each type of CTR as well

as who is responsible and how often these should be held. Commissioners (CCG or NHSE) are responsible for administering all aspects of the CTR including sourcing and funding the Experts, chairing the panel, ensuring all attendees are invited, compiling the recommendations and ensuring the recommendations are completed.
There is an expectation that any planned admissions to Tier 4 and step-up to low secure will have received a Community CTR arranged by local commissioners (or where there is insufficient time a ‘blue light’ conference call). An 'access assessment' and CTR activity can be completed in parallel to avoid delays.
Where NHS England undertakes a CTR, CCGs are required to attend, along with any local relevant care/case managers in order that barriers to step down can be identified and onward planning can take place between the current responsible commissioner (NHS England) and future responsible commissioner (the CCGs).
NHSE will agree the date and time of the in-patient CTR with the provider. NHSE will notify the relevant CCG by secure email giving ample notice. The CCG is required to inform the local clinical team about the CTR.
NHSE will return the completed CTR via secure email to the relevant CCG within 2 weeks.
Representatives for NHSE, for children and adults, will attend the Clinical Review Group Meetings to update and share information with local Commissioners and Clinicians.

Table 1. Purpose, frequency and responsibility for chairing Planned CTR / CETR			
Type of CTR	**Purpose**	**Frequency**	**Who will arrange and chair**
Community CTR	A planned review the care and support for people red rag rated in the community. Should be initiated where hospital admission is being actively considered or sought. It will help to establish whether or not the person needs to be admitted to hospital and whether their care and treatment needs could be met effectively and safely in the community through additional and / or alternative supports and interventions	Annually or by request	The CCG will arrange and chair this.
Post Admission CTR	To review the circumstances and process of admission to establish if this is the most appropriate solution and whether care and treatment can in fact be provided in the community, or another setting. To establish a clear idea of the purpose of admission, the expected outcomes, timescales and to ensure that planning is already underway for discharge with preliminary timescales.	A post-admission review will be carried out within four weeks of admission where no previous community Care and Treatment Reviews (CTR) has taken place. The exception to this is for a child or young person (under 18 years old), where the review will be carried out within two weeks of admission.	The post admission CTR is the responsibility of the health commissioner who has made the inpatient placement: **NHSE specialised commissioning** will arrange and chair post admission CTR/CETR for: • all people under 18 who are admitted to hospital • all adults admitted to secure inpatient hospital **CCG commissioners** will arrange and chair post admission CTR for non-secure in-patient admissions
Inpatient CTR/CETR	• These reviews will focus on the safety, care and future planning for those people who remain in specialist inpatient assessment and or treatment services. • The emphasis should be on establishing and reviewing the reasons for extended hospital stay, barriers to progression and discharge and whether the correct or most effective treatments are being provided. • The review will be solution-focused, looking to find ways to overcome barriers to discharge, agree actions, responsibilities, timelines and how this will be monitored.	• Young people (under 18) in all hospital settings – every 3 months • Adults in non-secure settings - 6 months • Adults in secure settings - 12 months	The post admission CTR is the responsibility of the health commissioner who has made the inpatient placement: **NHSE specialised commissioning** will arrange and chair post admission CTR/CETR for: • all people under 18 who are admitted to hospital • all adults admitted to secure inpatient hospital **CCG commissioners** will arrange and chair post admission CTR for non-secure in-patient admissions

8. Transforming Care Register
The Transforming Care Register is a local register of people who are at risk of admission to hospital. It is required to ensure that individuals are known about and identified as early as possible to ensure that there is an appropriate package of support to prevent admission wherever possible.
The Transforming Care Register, Appendix (3) sets out the information required in order for the risk of admission to hospital to be rated Red, Amber or Green for individuals on the register. A RAG rating descriptor accompanies the Transforming Care Register to aid consistency and ensure standardised application.
The needs of people on the Transforming Care Register are reviewed weekly through MDT meetings, with monthly oversight and discussion about significant cases at the TCP Clinical Review Group. At these meetings RAG ratings will be reviewed and people will be added to and removed from the register, making this a dynamic process.
The TCP Board and TCP Clinical Review Group have determined that this is the most efficient and robust way of compiling and handling the data required. CRCCG is responsible for the TC register and the CRG Group will oversee the compiling of the register. The TC register and the management of will be kept under constant review.
The CTR process is triggered at the point when an individual is identified as being at risk of being admitted to a specialist learning disability or mental health inpatient setting because of their behaviours that may be challenging or their mental health,. (The process is outlined in see Page 14). This includes those children and young people admitted via CAMHS Tier 4.

9. Consent and managing objections
There are a number of activities within the scope of Transforming Care where consent or a Mental Capacity Act Best Interest Decision (BID) process will be required. NHS England has produced easy read supporting information leaflets for all aspects of the Assuring Transformation agenda.
The 'Transforming Care Register', Appendix (3) - Any person whose details are on the register will be required to give their informed consent (or a BID has occurred on their behalf). Each CCG / LA will be responsible for ensuring that the appropriate process for consent has occurred in order that the relevant sections of the CTR register can be completed and subsequently information shared as required.
Care and Treatment Reviews - Anyone in scope will be part of the CTR process. The CCGs will ensure that consent has been sought for Community CTRs and 'LEAPs' conference calls. The individual making the CTR / LEAP referral must obtain consent or evidence BID prior to making the referral. The CCGs will seek consent/BID via the hospital provider/case manager for a post admission and six monthly CTR to go ahead. CTR information for each individual will be held securely by the CCGs. This includes the CTR Toolkit and invitation letters to the individual/their family (where appropriate) and the health/social care partners involved with the individual's care.
NHS England acknowledges that there may be rare occasions where individuals (or their next of kin/lasting power of attorney) may object to their data being used as part of the Assuring Transformation data collection and/or may not wish be included on the CTR register and/or take part in a Care and Treatment Review. In such circumstances, the CCGs relevant Commissioning Managers will initially review the reasons for the objection, seek to resolve the concerns raised with the

individuals involved and where required will consider capacity and authority to make the decision. The CCG will then consider the request with the support of the CCGs Caldecott Guardian representative and a relevant senior manager to ensure compliance with relevant legislation as it applies to the individual circumstances. The relevant parties will be advised of the decision by the CCG accordingly.

10. CTR Administration and Process – Who is involved in a CTR?

CTRs are independent panel based reviews consisting of:

- **Responsible CCG commissioner (Chair)** - The lead facilitator of each CTR is the responsible commissioner (CCG/NHSE/Children's Services) for the person in hospital or the CCG if the person is at risk of admission. The TCP has a pool of chairs, which are CCG specific who undertake commissioner/joint commissioner's roles.

The role of the chair is to make sure that the CTR is carried out in a manner that:

- is based on the person-centred values laid out in the CTR policy;
- is independent, fair and constructive;
- ensures that all relevant views are heard and discussed;
- ensures that the views and wishes of person whose care and treatment is being reviewed, and their family members if involved, are clearly established and are at the centre of the reviews discussions.

- Ensure that the Expert by Experience is able to be an equal and integrated member of the team.
- Ensure that information is made available in a form that is accessible for all.
- Establish an outline plan for the review day and, if required, to modify this according to any particular issues that may emerge during the review.
- To help the team develop a pen-picture at the beginning of the day of the person whose care and treatment is being reviewed.
- Be alert to any issues of concern regarding the welfare and safety of the person and to respond immediately and appropriately to issues that require prompt or urgent action and / or escalation.
- To ensure that the team is able to have discussions with the clinicians currently responsible for the person's care and treatment and also those who may be supporting them.
- To enable the team to challenge aspects of the person's care and treatment and plans for future care where necessary.
- To clarify and summarise the findings and recommendations of the review panel both on the day and in a subsequent report.
- To be responsible for agreeing a timescale for recommendations and following agreed actions through after the review.
- Each CCG area will chair CTR/CETR's for clients in their CCG area. However, there may be some flexibility with support from ICE when needed.

- **Expert by Experience** (EBE) – an individual with a lived experience. At the time of writing this policy we are in the process of agreeing how EBE will be recruited, trained and supported. This will be agreed by September 2017.

- **Expert Independent Clinical Advisor** (ICA) – Suitability qualified and experienced professional who has no prior knowledge of the individual or a conflict of interest. At the time of writing this policy the TCP are exploring tender options for utilising ICA's. In the interim ICA's will be utilised from the CGG and LA.

- **Who should be invited to attend CTR's** –each CTR will be different. People that attend will be asked about the three key CTR areas. It is expected that some of the following people will attend the CTR;
    - Responsible Clinician – essential to attend
    - Transforming Care Coordinator
    - Named Nurse
    - Direct support staff
    - Family members
    - Circles of support
    - Social Worker
    - Key professionals involved
    - Education rep (where appropriate i.e. CETR)
    - CAMHS
    - Advocate
    - Key professionals
- The CTR Panel uses a standard toolkit, and liaises with the individual and their family, MDT and local team (including care management) to challenge where appropriate the hospital admission and barriers to discharge.
- The CTR Panel makes recommendations which are followed up by the CCGs Commissioner or the Transforming Care Case Coordinator to ensure they have taken place.
- Whenever possible there should be a complete CTR Panel, however, if this is not possible the CTR can proceed as long as there is a Chair and the individual and or their family agree that the CTR can proceed.

11. Transforming Care – Care Coordinator Role

- All individuals on the Transforming Care Register will have an identified Transforming Care, Care Coordinator.
- The TCC is responsible for overseeing that the recommendations made at a CTR are implemented by nominated responsible individuals and that updates are provided at subsequent CTR's.
- This can be any one professional involved with the individual; the TCC is agreed at the CTR.
- This role is in addition to their statutory function but is aligned and should avoid duplication. Key responsibilities include;
    - Ensure the individual's consent is obtained for the CTR to take place
    - Ensure the individual is supported to prepare for the CTR
    - Ensure Circles of support are informed of the process and are engaged
    - Ensure the commissioner is aware of relevant people / agencies who should attend the CTR
    - Ensure the outcomes or the CTR are monitored and escalate concerns / issues as required.
    - Update the Transforming Care Register will information as necessary.
    - Request and arrange EMDT if required.
    - Arrange follow on MDT's – to develop a care plan that covers all needs of the individual and how they are being met
- Professionals involved with the individual should agree who is best placed to undertake this responsibility.
- Case Management responsibility will remain with the lead agency involved in on-

going support. Usual funding processes, eligibility and criteria will be adhered to. Statutory reviews will continue as required.

12. Information Sharing

In order to prevent unnecessary hospital admissions for individuals with learning disabilities and/or autism, information needs to be shared between statutory organisations, particularly in cases when not sharing information would pose a significant risk to the individual or to others. At such times, the TCP Clinical Review Group will invoke the existing multi-partnership Information Sharing Agreement (Appendix 2) managed by CRCCG.

Information will named and will be held and exchanged securely when it is necessary to do so as a result of mandated reporting requirements, patient safety and/or escalating risk. The partners will adhere to the Data Protection Act and Caldecott principles at all times.

Members of staff should also be aware of the legislation surrounding Information Governance that stipulate how organisations should safeguard information, what processes are in place to use, secure and transfer information and also how patients and members of public have access to personal/business information. The organisation must comply with the following:

- Data Protection Act 1998
- Caldicott Principles
- Freedom of Information Act 2000
- Privacy and Electronic Communications
- Environmental Information Regulations

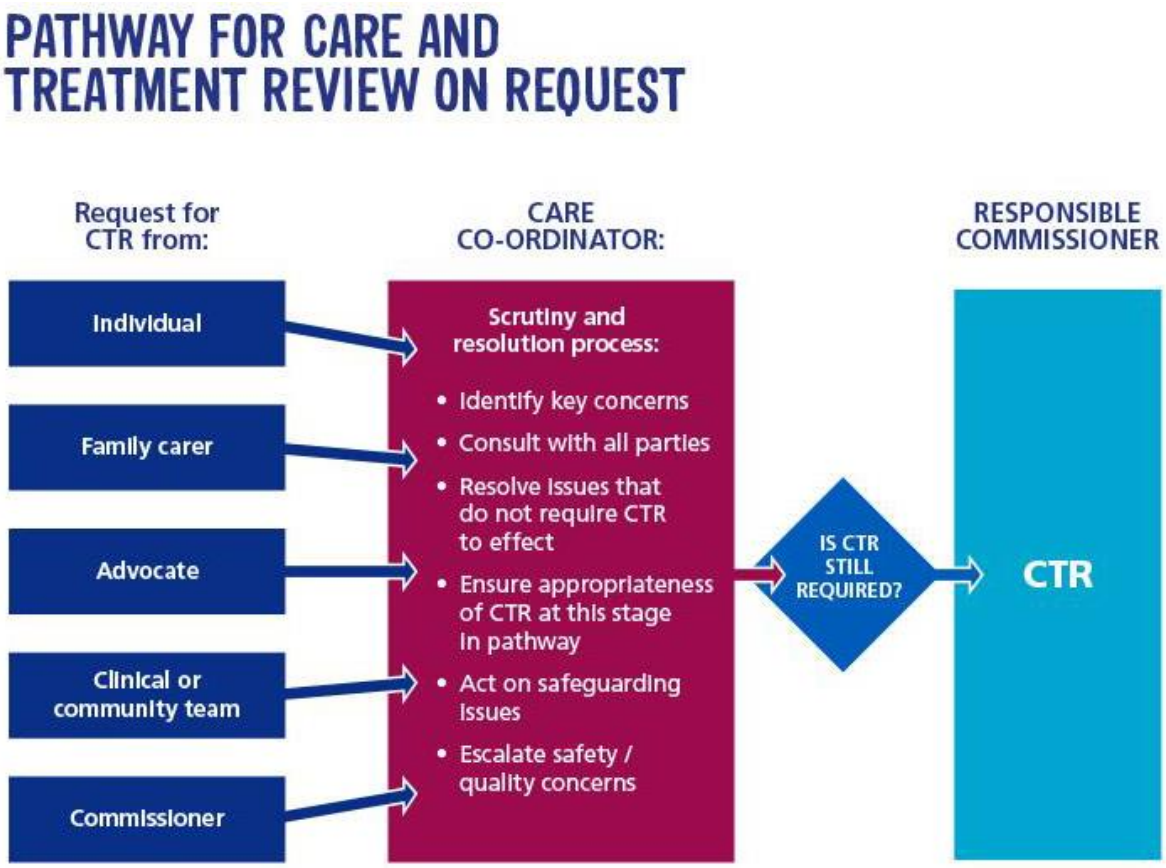
13. Resolving disagreements, disputes and complaints

Each partner organisation will be responsible for ensuring their commitment to preventing unnecessary admissions to hospital for people with a learning disability and/or autism because of their mental health or behaviour that challenges. This may constitute increases in care packages, exploring creatively the use of available resources and community alternatives, and an overall desire to encourage a least restrictive and person centred approach to individuals who may present with significant risks.

Where recommendations from a CTR result in a clinical disagreement or a dispute between parties on future plans, the relevant Commissioning Managers will aim to resolve these in the first instance with additional clinical/commissioning/financial advice or assistance where required. If resolution is not possible, the relevant Senior Managers will be notified for the dispute/disagreement to be taken forward in the appropriate manner. Where agreement still cannot be reached, the Chair of the TCP Clinical Review Group will escalate the dispute to the relevant representatives on the TCP Board for resolution.

Where an individual or their family/carers has cause to make a complaint about any aspect of the Transforming Care activity described in this protocol, the CCGs complaints policy and procedure should be followed.

14. Process for requesting a CTR / CETR



15 Prior to requesting a CTR / CETR

Anyone associated with the care and support of a person with a learning disability and/or autism can request a community care (education) and treatment review if they believe the individual is at risk of admission to a specialist learning disability or general mental health hospital.

Community CTR and CETR should only be initiated for people who are at imminent risk of admission to hospital. Prior to requesting a community CTR therefore, the care coordinator should be contacted to discuss the rationale for the request.

Prior to conducting a community CTR, the following questions should be considered:

Has a multi-disciplinary team meeting taken place to explore options and solutions?

A multi-disciplinary meeting is appropriate where the person is not at imminent risk of admission. The MDT is an opportunity for the people caring for the individual to

explore options and solutions to meet all the needs of that person.
Has an enhanced multi-disciplinary team meeting taken place? An enhanced multi-disciplinary team meeting is appropriate where the person is not at imminent risk of admission. The meeting is attended by a commissioner to ensure that prompt commissioning decisions can be made to ensure the individual receives the right care to support community placement.
Is the individual receiving appropriate support from Specialist Services? If not, relevant referrals should be made by the Care Coordinator / Social Worker. Where possible, care coordinators should ensure that relevant requests have been made to specialist services. This might include for example the Community Learning Disability Nurse, Intensive Support Team for adults, Occupational Therapy Sensory Assessment, Speech and Language Therapy etc.
Have contingency plans been agreed with care providers, family and the individual? Have contingency plans been communicated and implemented? Contingency plans outline steps that will be taken to support the individual should their needs increase. Plans should consider the needs and wishes of the individual and their carers. Contingency plans need to be shared with all the people involved in the care of that individual so that they can be consistently implemented.

15 a Coventry & Warwickshire Partnership Trust CYP Referrals	
All CYP referrals need to be processed internally within CWPT prior to escalation to the CCG	 CWPT flowchart for requesting EMDT or C

16 Requesting a Community CTR / CETR
Once the above questions have been resolved, the person making the request for a community CTR should complete a community CTR Request Form (Appendix 5)
Phase One until the Transforming Care Register is established, referrals should be sent securely to crccg.ctr@nhs.net Phase Two CTR request forms will be completed online on the Transforming Care Web Page, insert web address once confirmed.
The Community CTR request will be triaged by the appropriate CCG Commissioner or representative. This may result in either the request being accepted or, if the steps outlined in section 10.1.3 have not been followed the care coordinator will be asked to explore these options prior to a CTR being convened.

17 Administration prior to CTR Before a CTR takes place, the following must be completed; this is undertaken by the Transforming Care Administrator.	
Preparation	Document
Consent from the individual requiring a CTR Consent should be obtained for the CTR to take place. If the individual lacks the capacity to consent to CTRs as part of their overall care and treatment, this should be recorded and a best interest decision-making process should be initiated. Best practice should be followed in obtaining consent from a child, young person or from an adult who has parental responsibility. Like adults, young people (aged 16 or are presumed to have sufficient capacity to decide on their own treatment, unless there is significant evidence to suggest otherwise. Children under the age of 16 are presumed to lack capacity, but can consent to their own treatment if it is thought that they have enough competence and understanding to fully appreciate what is involved in their treatment. Otherwise, someone with parental responsibility can consent for them. However, parents and others with parental responsibility should be fully involved in decisions unless that would prejudice the child's well-being (the Fraser Guidelines). My CTR Planner – this should be sent to the individual prior to the CTR taking place. The individual should be supported by the person of their choice (if needed) or the most appropriate person to complete the information and prepare for the CTR.	MY CTR Planner.pdf
Communication with the family The individual's family, wherever appropriate (see paragraph 4.55 of the Mental Capacity Act Code of Practice), will be given information on the care and treatment review process. The provider will invite appropriate family members to the CTR.	ctr-invite-letter-family-er.pdf
Agree Date, Time and Venue and invite participants A suitable date, time and venue must be coordinated with the individual, their family and the care team. It is essential that the responsible clinician, named nurse, and Care Programme Approach (CPA) care coordinator are present for the CTR and they should have gathered views and input from other clinicians if they cannot attend in person. It is the responsibility of the chair, with support from the Care Coordinator &/or the referrer, to ensure all relevant people are invited or that their views are sought. Direct care staff who support the individual on a day to	Email invitations are sent out to the provider with appropriate documents attached. It is expected that the provider will contact relevant people to attend. This is detailed within the provider checklist.

day basis and who often know the person best should be present for the CTR, as should any advocate involved in supporting the individual.	
Identify and invite a Chair and Independent Experts Both clinical experts and experts by experience and professionals must form part of a review team. The responsible commissioner should ensure that the knowledge, skills and experience of the expert advisers are commensurate with the presenting needs of the person to be reviewed and/or any particular issues which warrant enhanced expertise. *Expert by Experience - At the time of writing this policy the TCP do not have processes, funding, training or peer support networks for EBE fully developed. This will be progressed as a priority.*	Invitation are sent by email by the Transforming care Administrator
Share information with review panel All parties involved in the review will be sent information explaining the process in easy read / accessible formats where required. The review panel will receive information about who is in the review team they will be working with and will be sent the appropriate review tools in advance of the review. (Identified below)	CTR Easy Read.pdf

18 Pre-CTR documentation Provider preparation The following documentation should be completed prior to a CTR.	
Preparation	Document
Communication – this should be sent to the Care Coordinator and returned prior to the CTR to ensure that communication is maximised and that reasonable adjustments are made as required.	1. CTR Prep Communication.pdf
Health Checks – this should be sent to the Care Coordinator, who will ensure the most appropriate person complete the information, prior to the CTR to ensure that physical health needs have been identified and meet.	2. CTR Prep - Health Checks.pdf
Medication Review – this should be sent to the Care Coordinator to liaise with the relevant prescriber to gather the information in accordance with STOMPLD Guidance.	3. CTR Prep Medication Review.pc
Provider CTR Checklist will be sent to the provider in sufficient time to enable them to adequately prepare for the CTR.	CTR Provider Checklist Final v2.pdf
Provider Document Checklist will be sent to the provider in sufficient time to enable them to adequately prepare for the CTR.	CTR Document Checklist - Provider.p

19 Conducting the CTR	
The standard NHSE CTR Template will be utilised for all CTRs and CETRs. The only case where a different template is used is the LEAP meeting. There are clear operating instructions and guidance within the CTR template. The CTR KLOE will provide information and evidence to enable a summary and feedback for the person that says: • Am I safe? • What is my current care like? • Is there a plan in place for my future? • Do I need to be in hospital for my care and treatment?	 CTR - KLOE Template - New Polic
The template contains the following sections; ○ How to use the template ○ Review Protocol ○ Key Line of Enquiry - Sections; Hospital, Care, Health, Risk, Autism, Future, Family, Right, CY, Key Concerns & Barriers ○ Report CTR outcomes / recommendations ○ Action Plan with named person responsible with time frames ○ Quality assurance checklist	
The Review Protocol asks key questions which then generate the appropriate CTR template; ○ Adult or child ○ Community or in-patient	
CTR question responses should be RAG rated and a score will automatically be generated within the template.	
The Report Section requires three areas to be completed about Am I Safe, My Care Now & Future Plans state what the CTR findings were.	
The Chair is required to make recommendations for each area, identify who is responsible for each recommendation and state a time frame for completion.	
The Q&A Checklist needs to be completed as this is used to monitor quality of CTR's by NHSE.	

20 Holding a Planned CTR/CETR (including community, post admission and inpatient)
• This process applies to all planned CTR/CETR, including community, inpatient and post admission
• Structure of the CTR – the panel will usually meet in the morning and review relevant documentation and meet with the individual and or family members or their advocate to seek and obtain their views about the current situation and consider plans for now and the future.
• Prior to the CTR the chair EBE and or ICA should, where possible, meet with the individual and seek their views about the KLOE and if appropriate discuss the My Care & Treatment Review booklet they have completed.
• The panel will meet with all involved and set out the reason for holding the CTR, the principles of a CTR.
• The chairs and or the ICA should seek and obtain the views of family members,

professionals involved, providers and other people in the person's Circle of Support. There should be a focus around what the current risks / issues are and what strategies / services could be put in place to reduce these.
• The chair should be guided by the questions within the relevant CTR template. Discussion and agreement should take place regarding the RAG rating. • Though many KLOEs will apply across all individuals and settings, the suggested probe questions may vary and there are some that will have a specific focus on children, people in secure settings, community or non-secure hospital.
• The review team will discuss with the team and the person whether there are more appropriate, effective and safe alternatives to hospital admission or whether the person could be discharged from inpatient hospital care.
• The review panel will have time together to reflect, consolidate their findings and complete the review template.
• The review panel will meet with everyone at the end of the review to present and discuss their findings and recommendations, to clarify named individuals and timescales associated with any recommendations.
• The chair will discuss with the panel before leaving what further communications are needed after the day (e.g. if a concern has been raised to confirm that action has been taken).
• Recommendations should be clear, time-limited, embedded and followed up through local systems such as CPA and ward rounds and any responsibility for action/escalation should be documented at time of CTR.
• The commissioner is responsible for writing the findings and recommendations. The individual, their family (if appropriate) and those directly involved in their care should be given a copy. The report will make clear who is responsible for each action and by when. The report should be circulated within two weeks. • Accessible / Easy Read CTR Reports – we are in the process of devising guidance and templates for the creation of accessible CTR reports. The format of which will be coproduced and implemented by XX/XX/2017.

• The Independence Pack, Appendix (7) and Leaving Hospital Planner, Appendix (8) these are for individuals in specialist learning disability or mental health hospital services. The Care Coordinator / CPA Keyworker will ensure that the individual is support complete these support planning tools;
• The **Independence Pack** has useful information;
  ○ When will I be discharged?
  ○ Where will I live?
  ○ Getting help from an advocate
  ○ Who will support me?
  ○ My rights
  ○ Community Services
  ○ What if things don't go to plan?
• The **Leaving Hospital Planner** helps individual's work with others to make good plans for leaving hospital. Independence Pack

21 Care, Education &Treatment Review's
Referrals from CWPT practitioners will be triaged by CWPT internally. See Section 13.1
There are specific additional KLOE for CETR's and these questions and evidence

sources will be identified in the template. The 12 KLOEs that a CETR seeks to address are:

1. Key areas of concern
2. Does the child or young person need to be in hospital?
3. Is the child or young person receiving the right care, education and treatment?
4. Is the child or young person being involved in their care, education and treatment?
5. Are the child or young person's health needs known and met?
6. The right use of medication?
7. Clear, safe and positive approach to risk?
8. Are any autism needs being met?
9. Is there active planning for the future, including discharge from hospital?
10. Are parent carers, family members and other carers involved?
11. Are any specific issues for children or young people being addressed?
12. Are the child or young person's rights being upheld?

Consideration has been given to the appropriateness of linking a CETR to existing assessment and review processes. Due to the bespoke purpose of a CETR – preventing admission where possible or ensuring discharge planning begins from the start of admission, and because of the time a quality CETR will take it is not usually appropriate for other assessments or reviews to formally take place at the same time. However as many of the individuals involved and information shared or discussed will be directly applicable to other review processes (e.g. EHC review), it is important to consider how the information can be used to directly support or input into these reviews.

Families Involvement – principles from MHA and Care Act underpin this policy

- Patients should be given the opportunity to be involved in planning, developing and reviewing their own care and treatment. (MHACOP)
- Any intervention in the life of a child or young person that is considered necessary…should result in the least possible separation from their family, carers, friends and community or interruption of their education.
- Those with parental responsibility have a central role in relation to decisions about the admission and treatment of their child.
- The views, wishes and feelings of the child and his or her parent, or the young person;
- The importance of the child and his or her parent, or the young person, participating as fully as possible in decisions relating to the exercise of the function concerned;
- The importance of the child and his or her parent, or the young person, being provided with the information and support necessary to enable participation in those decisions;
- The need to support the child and his or her parent, or the young person in order to facilitate the development of the child or young person and to help him or her achieve the best possible educational and other outcomes

SEN support CETRs should involve education representatives from the child or young person's local authority responsible for their educational provision as well as someone from their current education provider (school / college / pupil referral unit).

Education, Health and Care Plans (EHCPs) CETRs should involve representatives from the child or young person's local authority responsible for their educational

provision as well as someone from their current education provider.
Children's Social Care Assessment and Review Children and young people and their families may have been assessed by, and be in receipt of services or provision from social care. Disabled children and young people are considered to be 'Children in Need' under s.17 (10) of the Children Act 1989. This entitles them to an assessment as a child in need. Services may be provided under a range of different legislation, depending on the nature and type of provision; this may be provided under either s.17 or s.20 of the Children Act 1989. If this provision is provided under s.20 of the Children Act 1989, then the child will also be considered a Looked After Child, and will have regular LAC, Child in Care reviews or Care Programme Approach CPA There are Local Authority governance processes (that may include panels) that oversee decision making regarding children coming in to care, placement changes or changes to packages of support. These panels need to be integrated in to decision making to ensure Local Authority approval. Decisions about whether children come in to care can only be made after a social care assessment has been undertaken and approved in Local Authority governance/panel processes.
Community Placements Where it is known that a children's placement may be required for a LAC (residential, fostering or supported accommodation), a request will be made by the child's social worker to the Local Authority Children's Placements Team to undertake a placement search. Only the Local Authority Children's Placements Team will undertake placement searches for LAC. Where a CETR is planned and it is known that a new package of care may be required, the request to the Local Authority Children's Placements Team will be made as soon as possible and no less than 10 working days ahead of the CETR. This will ensure that the CETR can understand available placement options and costs. Where a CETR is unplanned, the request will be made as soon as practical

22 The Local Area Emergency Protocol (LEAP) process	
When admission is being sought in an urgent and unplanned way, a LEAP meeting must be undertaken to avoid unnecessary admissions.	LEAP Care and Treatment Template.

Local Area Emergency Protocol (LEAP)
In the event of an emergency out of the hours the usual crisis pathways and protocols should be adhered to.
As previously stated a community Care and Treatment Review (CTR/ CETR) should

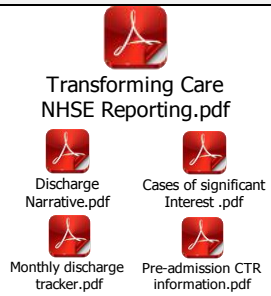
be initiated where hospital admission is being actively considered or sought. The CTR/CETR will help to establish whether or not the person actually needs to be admitted to hospital and whether their care and treatment needs could be met effectively and safely in the community through additional and / or alternative supports and interventions.
Requests for admission can occur where the person's presentation is changing rapidly or they are previously unknown to services. Where such a situation is at the point of 'crisis' and as a consequence there is no time for setting up a CTR, an assertive, fast and measured response will be required if those responsible are to safeguard against admitting the person unnecessarily into an inpatient service. The LEAP should be implemented.
In circumstances where an admission is unplanned, urgent or someone is in 'crisis'' it is recognised that a CTR may be, on a practical level, very difficult to set up due to short time scales, level of risk and the need for urgent action.
Clear consent must be obtained from the individual/their parent/carer of independent advocate, as notes will be made and inputted into their CPA Care Plan, risk assessment and also the Transforming Care Register (as required by NHS England).
The format of the 'LEAP' meeting is most likely to be a secure teleconference, or a number of telephone calls, to allow people to participate at short notice, although we would advocate a face to face meeting (wherever practicable) and must make every effort to involve the person with learning disabilities or their representative/advocate and family to gain their views on what would help to avoid admission into hospital.
The CCG is responsible for arranging the call and guiding the participants through a series of considerations to determine if all community options have been explored and if there are any circumstances where the hospital admission can be avoided.
Where an admission to hospital is occurring without any prior knowledge of the risk and it is not practical for a CTR to take place, a conference call will take place between the CCGs, the requesting clinicians, and where possible the social-worker, GP, the individual/their family, and any other professionals involved.
The aim of the LEAP is to provide the commissioner with a set of prompts and questions both to prevent people with learning disabilities being admitted unnecessarily into inpatient learning disability and mental health hospital beds and, where there is a clearly supported clinical indication for admission to ensure that there is clarity about the intended outcomes and timescales.
It is also intended to help identify barriers to supporting the individual to remain in the community and to make clear and constructive recommendations as to how these could be overcome by working together and using resources creatively.
A CTR should not be used to delay or obstruct the process where a clinician has determined that there is an urgent need for admission to an acute mental health facility when the individual's mental health is posing a significant risk to themselves or others or the person is being admitted as part of a pre-determined crisis management plan and where there are clear aims and projected plans and timescales for discharge.
Admissions for assessment and treatment should be based on a clear, detailed and outcome-focussed care and treatment plan. The plan should specify what issues require further assessment, what this would add to what is already known about the individual, why this assessment can only take place in a hospital setting and what added value this would be expected to bring to their overall pathway of care.
If an individual is at risk of admission and they are not part of the Care Programme Approach pathway, it is likely that they now meet the criteria for CPA and a care co-

ordinator is to be allocated to follow up the agreed care plan.
The revised care plan will require regular review in line with the local CPA Policy by the care coordinator to ascertain effectiveness and quality. The individual will now be placed on the 'Transforming Care Register, adhering to policy guidance, if they are not already on it.
Should admission take place following a LEAP meeting a full CTR will need to take place as soon as possible following admission.
If the outcome of a community CETR is that a referral to specialist NHS commissioning for access to a secure or Children and Young People Mental Health Service (CYPMHS) bed is the appropriate option, the CETR will also aid in establishing a foundation for the Access Assessment which should take place as described in the NHS standard contract and service specification as used by NHS England specialised commissioners for children and young people and Adults.
Access Assessments are undertaken to determine the most appropriate placement for the person in terms of mental health need and level of relational security required. They are, by definition, about managing an abnormal presentation of mental health need and by their nature are complex and robust processes.
The current referral routes for Access Assessments are categorised within three different response times: 1. **Emergency** – initial response and assessment within 24 hours. 2. **Urgent** – on receipt of referral a verbal response is given within 24 hours and an assessment within 4 weeks. 3. **Routine** – initial response within 14 working days and assessment within 1 month.

23 Root Cause Analysis (RCA) following hospital admission
Root Cause Analysis (RCA) – a RCA, Appendix (6), must be completed for <u>all</u> hospital admissions.
• The Transforming Care Case Coordinator should lead the completion of the RCA in conjunction with the relevant CCG commissioner and ensure that a 360 degree RCA is carried out.
The purpose of the RCA is to learn from unplanned admissions, to understand why the person was admitted and how this could have been prevented.
All people involved with the care and support of the individual should contribute towards the completion of the RCA.
The completed RCA should be uploaded onto the individual's records on the Transforming Care Register.
The Clinical Work-stream leads will be responsible for collating anonymised reports / learning from RCA's and report these finding to the Delivery Group and the Oversight Board.

24 Post CTR / CETR activities
Outcome is to <u>admit</u> to an in-patient setting a copy of the CTR document must be sent securely to NHSE. If CRCCG or WNCCG submit CTR/CETR to crccg.ctr@nhs.net and the TC Coordinator will submit the request. If SWCCG send to - Insert emails
The clinical team will complete additional access documentation and liaise with

NHSE where admission to an NHSE bed is recommended; Access Assessments are undertaken to determine the most appropriate placement for the person in terms of mental health need and level of relational security required. They are, by definition, about managing an abnormal presentation of mental health need and by their nature are complex and robust processes.
It is also important to note that where NHS England is the responsible commissioner for a child or young person it is vital that there is good communication with the local originating area CCG commissioner and local authority to ensure that a future plan can be put in place for the individual. The local authority's social care team and the local authority's Special Educational Needs and Disability (SEND) team.
Phase One – the completed excel CTR KLOE spreadsheet must be sent to the Transforming Care Coordinator securely crccg.ctr@nhs.net Phase Two - the excel CTR KLOE spreadsheet will be uploaded onto the Transforming Care Register. If applicable the 'Discharge Progress Pathway' section will also be updated.
Clinical / discharge updates will be entered onto the Transforming Care Register on a regular basis.
If applicable the 'Discharge Progress Pathway' section will also be updated recording;
The commissioner is responsible for following up the recommendations and action plan agreed by the review panel within the timescale agreed at the review. This may be delegated e.g.to the community CPA care coordinator or provider named nurse, but clearly stated on the CTR document, but overall responsibility remains with the commissioner.
Where the commissioner has concerns that such recommendations are not being achieved they will escalate in the Clinical Review Group Meeting, and/or use the relevant contract management processes in a timely manner.
Following either a planned or unplanned pre/post-admission CTR, where the outcome is admission to hospital the individual must have a further CTR within the defined period (or by request if there are concerns); ○ CYP every 3 months ○ Adult non-secure every 6 months ○ Adults secure annually
The Care Coordinator is responsible for disseminating the recommendations contained within the CTR.

25 NHS England Specialist Commissioning Reporting	
NHSE reporting summarised and detailed information is contained within the attached document; • Discharge Narrative • Cases of Significant Interest • Monthly Discharge Tracker • Pre-admission CTR Information • Assuring Transformation • Milestone Reporting • Ad-hoc Requests	

26 References
• NHS England Care and Treatment Review: Policy and Guidance; including policy

and guidance on Care, Education and Treatment Reviews (CETR's) for children and young people
- Assuring Transformation Data- guide on fair processing and managing individual objections (September 2015)
- Winterbourne View- a time for change- transforming the commissioning of services for people with learning disabilities and/or autism -Sir Stephen Bubb (2014)
- Transforming Care for People with learning Disabilities- Next Steps- progress report from the Transforming Care Delivery Board
- NHS Nene and NHS Corby CCGs Complaints Policy and Procedures
- The Mental Capacity Act 2005
- The Mental Health Act 2007

27 Acknowledgements

- Northamptonshire Local Protocol – NHS England 'Winterbourne' Transforming Care and Reviews.
- Leicestershire Care and Treatment Reviews Standard Operating Models
- NHS Swindon Clinical Commissioning Group - Policy - Care and Treatment Review (CTR) Guidance and Policy (children and adults)

Appendices TO BE INSERTED		
No.	**Description**	**Document**
1	Data Sharing Agreement	APP 1. Data Sharing Agreement - Dynami
2	Transforming Care Register SOP	APP 2. Transforming Care Register SOP Ju
3	Clinical Review Group	
4	CTR / CETR Referral Form (Phase One)	APP 4. Transforming Care Register Referra
5	Root Cause Analysis Template	5. RCA Hospital Admission (Detailed). 5. RCA Hospital Admission Avoidance
6	Independence & Leaving Hospital Pack	Independance & Leaving Hospital Pack