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Guidance and standard operating procedure

Community Care (Education) Treatment Reviews

This guidance is correct at the time of publishing, but may be updated to reflect changes in advice or guidance.



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1. Introduction

1.1. Scope

This guidance sets out the Community Care (Education) Treatment Review (C(E)TR) standard operating procedure and guidelines which applies to children and adults with a learning disability and/or Autism across South Tyneside.

The guidance is expected to be followed by all relevant parties and is in line with national directives. Ensuring a robust process is in place which places the person at the centre of all decision making is paramount to the principles outlined nationally. The operational policy aims to ensure compliance with national standards and key lines of enquiry.

The guidance excludes the organisation of C(E)TRs for people with a learning disability and/or Autism living in secure services. This will be organised by secure services.

1.2. Background

C(E)TRs were developed as part of NHS England's Transforming Care agenda for the commitment to improving the care of people with learning disabilities and / or Autism with the aim of reducing admissions and unnecessarily lengthy stays in hospitals and reducing health inequalities.

The NHS Long Term Plan outlines the need to review and strengthen the existing C(E)TR in partnership with people with a learning disability and/or Autism and their families.

As part of the COVID-19 Restore and Refresh policy, NHSE have highlighted how the C(E)TR process must be quality assured and be in place by March 2021.

1.3. Vision

The aim of the C(E)TR is to bring a person-centred and individualised approach to ensuring that a person with learning disabilities and / or Autism are supported through a strength-based approach, in accessing and receiving the right treatment, care and support. A fundamental component of the C(E)TR is to ensure that there is a focus on a home first approach. With practitioners from across the health and social care system ensuring that at all times, the least restrictive approach is advocated. As in line with the national directive, it is expected that the person's Multi-Disciplinary Team will have prepared for the meeting, and will have already actively looked at ways of breaking down barriers, and challenges.

With the review the panel will be asked to explore and consider the following 4 areas:

- Safety
- Standard of current care
- Future care plans
- Care and Treatment provided in the Community.

The C(E)TR process has at its core the imperative of listening to the individual and their family, understanding the current rationale for providing care in hospital and where required, providing a sufficient level of challenge where progress or outcomes are felt to be limited or unsubstantiated.

The C(E)TR pathway aims to:

- Support people with learning disabilities and / or Autism and their families to be listened to and equal partners in their own care and treatment pathway.
- Prevent people 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 together with defined and measurable outcomes and a target discharge date
- Where hospital admission has been deemed necessary, ensure all parties work together with the person and their family to support discharge into the community at the earliest opportunity.
- Identify barriers to progress and to make clear and constructive recommendations for how these could be overcome.
- Have a clear plan of action going forward, including timelines and who is responsible for actioning.

1.4. Definitions

For the purpose of the C(E)TR standard operating procedure, C(E)TR will be used to identify both an adults Care Treatment Review (CTR) and a children and young people's Care Education Treatment Review (CETR). Distinction between the two will be used where necessary.

1.5. Principles

C(E)TRs are designed to bring an additional challenge by having the following panel representatives:

- Chair – CCG Commissioner
- Independent Clinical Expert
- Expert by Experience

At its core the C(E)TR has a set of principles that the CTR panel should always uphold. Panel members each have an equal role in making sure these principles are followed:

- Person centred and family centred
- Evidence based
- Rights led
- Seeing the whole person
- Open, independent and challenging
- Nothing about us without us
- Action focused
- Living life in the community

2. Procedure

A request for a C(E)TR can be made via the third sector provider, Your Voice Counts (YVC) at yvc.uk@nhs.net using the C(E)TR request form.

YVC will organise a community C(E)TR if the referral highlights a rationale for the following:

- The individual is being actively considered or sought to be admitted to hospital and their needs cannot be supported in the community at the present time.

- Where there is significant risk of community support breakdown.
- And consent has been obtained either from the person or through the best interest process

If it is deemed a C(E)TR is not necessary, YVC will advise the referrer about the need for an MDT+ to be arranged. The level of inappropriate requests will be reviewed, with theme's flowing through the Learning Disabilities Alliance on a six month basis.

2.1. Consent

C(E)TRs and any related recording or disclosure or personal information, will be with the express consent of the individual or, if he or she lacks capacity, assessed to be in their best interests applying the Mental Capacity Act 2005 and its Code of Practice.

2.2. Pre - C(E)TR

YVC will contact the person, family member and panel to arrange a suitable date and time for the C(E)TR. This will be within 1 working day for urgent and 3 working days for non-urgent C(E)TRs.

In addition, YVC will work with the person and their family/carers to understand what happens in a C(E)TR as well as to document the 'My CTR Planner'. <https://www.england.nhs.uk/wp-content/uploads/2017/03/my-care-treatment-review-symbol-edit.pdf>

2.3 C(E)TR

The panel will meet the individual and/ or parent/carer prior to the CTR to understand their thoughts, feelings and wishes to ensure their voices are heard during the review.

The chairperson invites one or more of the professionals involved in providing or managing the care programme to provide a summary of care and to answer questions from the panel. The review team will seek to answer the following questions:

- Is the person safe?
- Are they getting good care now?
- What are their care plans for the future?
- Can care and treatment be provided in the community?

The panel will write up the outcomes and a verbal summary will be provided to the meeting. In addition, the chairperson will nominate a representative from the meeting to provide verbal feedback to the person and family with the outcome of the C(E)TR actions.

2.4 Post-C(E)TR

YVC will circulate the action plan within 7 days of the C(E)TR and will request an update on the actions based on the actions' designated timeframe. A full review of all C(E)TR actions will be conducted within 28 days to assess completion. The progress of actions will be discussed at 6 weekly Assurance meetings.

In addition, YVC will circulate an evaluation form to the person, their family/carer, the panel and MDT present at the C(E)TR. Experts by experience employed by YVC will also have an in-depth conversation with the person to understand their views around the C(E)TR. This will include, but not limited to:

- What went well in the C(E)TR
- What could be improved for future C(E)TRs

This feedback will be discussed at quarterly Quality Assurance meetings with operational leads.

2.5 Blue Light Meeting

Requests for admission can occur where the person's presentation is changing rapidly, and they are considered at a point of 'crisis' and as a consequence there is no time for setting up a C(E)TR. In these circumstances, an assertive, fast and measured response will be required if those responsible are to safeguard against admitting the person unnecessarily into an inpatient service.

A Blue Light Meeting will be arranged virtually within 24 hours of contact with the lead commissioner. During the meeting, the chair will look to understand the following:

- Understanding the person, their needs, wishes and if appropriate the family, relevant carers or clinicians.
- The current identified risks
- Care and Treatment needs and considered options, including the desired outcome of hospital admission.
- Current and potential resources available
- Agreed support plan

If the person is admitted to hospital, a C(E)TR will be arranged within 7 days following the standard procedure.

3. Identification of individuals

Factors that may place someone at risk of admission include, but are not limited to:

- Significant life events and / or change such as bereavement or abuse
- Unstable / untreated mental illness
- Previous history of admission(s)
- Presenting significant behavioural challenges
- Being supported in an unstable environment or by a changing staff team
- Not being previously known to learning disability services
- Having no fixed address
- Being in contact with the Criminal Justice System
- Presenting 'in crisis' at Accident and Emergency Departments
- Having no family carers / advocates
- Having drug and alcohol addiction problems
- Having no effectively planned transition from Child to Adults learning disability services
- Being placed in specialist '52 week' residential schools
- Having recently been discharged from long stay hospital beds.

3.1. Process for identification

South Tyneside Joint Commissioning Unit (JCU) holds an up to date risk register for people at risk of admission. The CCG works closely with other statutory services and third sector community providers who may be aware of those people now known to existing learning disability /Autism services but who are at risk of admission. Through this the JCU will ensure that there is the highest possible level of awareness of people in their community with a diagnosis of learning disability.

4. Review

Where the outcome of the C(E)TR is hospital admission, a review will be scheduled for the following timelines:

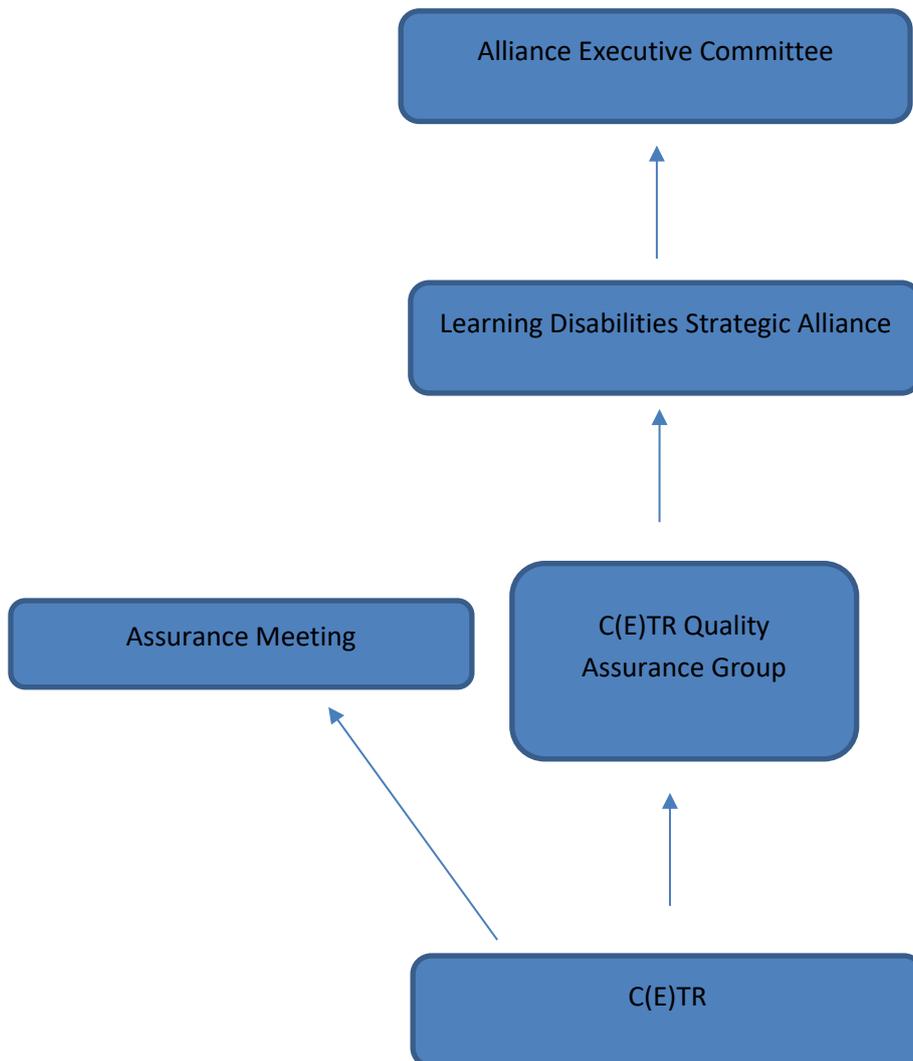
- For admission to Assessment and Treatment Units (ATUs) for adults, a follow-up CTR should occur every 4 months.
- For children and young people, a follow-up C(E)TR should occur every 3 months.

Where the outcome of the C(E)TR identifies the individual is able to live in the community, contact will be made with the person and their family/carer after 6 months to discuss the impact of the C(E)TR and the outcome of the C(E)TR actions.

5. Governance

C(E)TR outcomes and actions will be escalated and shared with the Assurance Meeting. The Quality Assurance Group will conduct a deep dive into C(E)TRs to identify information and trends to feedback to the Learning Disabilities Strategic Alliance.

Information on governance arrangements are included below:



6. Appendices

6.1 Appendix 1 – C(E)TR Pathway



ctr process pathway
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6.2 Appendix 2 – MDT+

An MDT+ should be organised when there is no imminent risk to an inpatient hospital setting although an additional MDT with a commissioning representative needs to be coordinated to address any blockers in care. This includes:

- Identifying potential options to meet the individual's needs, such as respite or alternative community provision.

An MDT+ will look to identify the following:

- Identify the current plan and care needs
- Identify the future plan for care and support and who is responsible for the actions.



MDT+ pathway.pdf

6.3 Appendix 3 – Blue Light Meeting Pathway



blue light meeting
pathway.pdf