

Appendix A

Transforming Care for People with Learning Disabilities and/ or Autism whose behaviour challenges others

Care and Treatment Review Group meeting Terms of Reference

Purpose of the Group

Transforming Care Partners to take the lead and be accountable for ensuring the implementation of the local CTR/ CETR policy in line with the revised NHS England national policy for Care and Treatment Reviews (CTRs) for people with learning disabilities and/or Autism at risk of/ or admitted to hospital because of their mental health or behaviour that challenges.

To lead on the commitment to improving the care and support for people with a learning disability and /or autism by developing a dynamic model that aims to proactively avoid and reduce hospital admissions and/ or unnecessarily lengthy stays. This will require close, collaborative working across health, education and social care to enable an improved understanding of the needs of the local population, learn lessons from the process and facilitate across organisational working to achieve positive outcomes for and with individuals.

Where in-patient admission is required and not avoidable, the group will track the individual monitoring that standards and expectations are met throughout the admission period enabling a timely discharge.

Objectives of the Group

- To assist commissioners in monitoring individuals, identify existing gaps in current service provision and design.
- Enable partnership working with relevant stakeholders, to better consider the types of resource required to provide more robust and responsive community-based options/alternatives.
- To develop and populate a dynamic register with the needs of the identified cohort, feeding into Joint Strategic Needs Assessments, the Learning Disability Transformation Board (LDTB) and appropriate autism forums
- To maintain, monitor and review the Care and Treatment Review Register of those individuals at risk of hospital admission and feedback themes and patterns of need to the LDTB and appropriate autism forums.
- To maintain an overview of the identified cohort in order to support the prevention of unnecessary admissions to hospital and to inform community support pathways
- The Group will identify any difficulties known within their respective agencies ensuring appropriate packages of support are in place to prevent unnecessary hospital admission (Information can be escalated appropriately as and when required)

- To encourage a least restrictive support and person centred approach to people who may present with significant risks.
- To explore creative use of available resources and robust community alternatives and to share potential opportunities
- Identify barriers to progress and to make clear and constructive recommendations for how these could be overcome locally
- To review pathways leading to CTRs and explore outcomes, sharing good practice and lessons learned with key stakeholders and across organisations
- To support and inform the wider Transforming Care agenda reporting to the Transformation Operational Group
- Where hospital admission occurs monitor there is a timely discharge

Attendees

- CCG Senior Commissioning Manager, Learning Disabilities (Chair)
- Advanced Practitioner Crisis Management and Admission Avoidance (Deputy Chair)
- NCC Commissioners, Learning Disabilities and Autism
- CCG Mental Health Commissioning
- Children's operational case management CCG
- Principle social workers and team managers – NASS
- LA Lead service managers – Children
- CAMHS manager, NHFT
- LD Service Manager
- Inpatient Mental Health Services Manager, NHFT
- Social Care and Education Manager – NCC

Other senior managers, leads and professionals will be invited to attend the meeting as required.

Organisational Governance and Responsibilities:

NHS Nene CCG will have overall responsibility for the co-ordination of the group and the accountability for ensuring that the CTR Policy and Guidance, dynamic model and registers are available to all partners and to gain assurance that the requirements are embedded into local services.

Nene CCG are required to provide to NHS England weekly and fortnightly updates on anonymised inpatient activity which includes outcomes from any 'blue light', community and inpatient CTRs.

All attendees will have responsibility for the communication and delivery of actions relating to their services and areas of responsibility. The CTR Group will provide an update to:

- NHS Nene and Corby CCGs as part of the Transforming Care programme of works via the Quality Committee
- The Learning Disability Transformation Operational Group
- Health and Wellbeing Board and Safeguarding Boards (as requested).

NOTE - It is expected that Health and Wellbeing and Safeguarding Boards will take an interest in the implementation and outcomes of CTRs for a vulnerable group of their population, and may ask for reporting on admissions, discharges and implementation of CTRs.

Unresolved organisational barriers/ concerns

If identified this will be delegated to the relevant member to escalate as appropriate and report the outcome back to the chair.

Frequency of Meeting

The meeting will be held monthly over a two hour period

Meeting Structure

The meeting will be separated into two parts, giving both strategic and individual oversight and strategic direction.

Part One (1 hour);

The first part of the meeting will discuss the individuals at risk of admission or preparing for hospital discharge. The function of the group will be to quality check the actions in place and work together as partners to provide innovative solutions to any barriers or concerns raised.

Prior to the meeting the Advanced Practitioner, Crisis Management and Admission Avoidance will liaise with CCG children team and relevant lead professionals for those people on the red part of the register. Where required the Advanced Practitioner/ CCG children's team will invite relevant professionals to the meeting by giving them a time slot to attend.

In addition there is the opportunity for professionals to request a time slot if there is concern about an individual on their caseload who they believe the group can support. Professionals should contact the Advanced Practitioner Crisis Management and Admission Avoidance direct no later than 5 working days before the meeting to request this.

Part Two (1 hour):

The second part of the meeting will be the strategic direction, planning and reporting of the local registers, including the dynamic register and population needs. Themes and lessons learned will be discussed and where appropriate will feed into strategy planning

Record of the Meeting

Brief notes and agreed actions will be taken and circulated to attendees. In relation to any clinical discussion and/ or decisions only broad actions will be noted and the lead professional will ensure a full entry is made in the individual's electronic records.

Review date:

The Terms of Reference will be reviewed on a yearly basis

