Transforming Care for People with Learning Disabilities and/ or Autism whose Behaviours Challenge Others

Northamptonshire's Local Care and Treatment Review Policy for Avoiding Hospital Admissions

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Areas relevant to	• Northamptonshire Adult Social Services • Local Authority Children's Services • Northamptonshire Healthcare NHS Foundation Trust • Northampton and Kettering General Hospitals • NHS England Regional Transforming Care Team • Specialised Commissioning NHS England
Interdependence	• Care Programme Approach • Local Hospital Admission and Discharge Policies • Carers Assessment • NHS Nene and NHS Corby CCGs Complaints Policy and Procedures • The Mental Capacity Act 2005 • The Mental Health Act 2007 • What do we mean by: Learning Disability, Learning Difficulty, and Developmental Delay? A Guide to Definitions for Northamptonshire-Dr Peter Hopkins
Key national documents	• *NHS England Care and Treatment Review: Policy and Guidance March 2017* • *Transforming Care for people with learning disabilities – Next Steps- NHS England (January 2015 & July 2015)* • *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*
Director Responsibility	**Dr Matthew Davies, Medical Director Nene CCG**

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1. Purpose

NHS England developed Care and Treatment Reviews (CTRs) as part of the Assuring Transformation commitment to improving the care of children, young people and adults with learning disability and/or Autism whose behaviour challenges others. The aim of CTRs is to reduce hospital admissions and unnecessary lengthy stays in hospital.

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.

This documents sets out the principle guidelines of NHS England's (NHSE) CTR Policy (March 2017) and the expectations from Northamptonshire's local Health and Social Care organisations to **e**mbed the ethos of an individualised and person centred approach in preventing unnecessary hospital admissions and challenging barriers to discharge. The local policy refers specifically to NHS Nene and NHS Corby CCGs (the CCGs), Northamptonshire Healthcare NHS Foundation Trust (NHFT), Northamptonshire County Council (NCC) and Northamptonshire's Adult Social Services (NASS).

The document also refers to the Assuring Transformation national data collection of individuals within scope.

2. Scope

The scope of the Northamptonshire local CTR policy covers children, young people and adults with a learning disability and/or autism at risk of being admitted to a specialist learning disability or mental health inpatient setting. The definition of 'learning disability' in comparison to difficulties and other conditions has been clarified by Northamptonshire's local health, social care and third sector organisations. For children the CTRs have been changed to CETR (Care, Education and Treatment Reviews) to reflect more accurately the significant role that education plays in children and young people's lives. Most elements of the policy will apply to children, young people and adults so CTR should also be seen as CETR for ease of reading. Where there are significant differences this will be stated throughout the policy.

The numbers of people with a learning disability and/ or autism admitted to hospital in Northamptonshire is small in comparison to Northamptonshire's overall cohort. However, length of admissions can be much higher for individuals with learning disabilities and/ or autism with barriers to discharge remaining a significant challenge. For children and young people with autism the length**s** of stay are shorter however there are a significant number of readmissions.

This policy is for individuals who live in Northamptonshire or will be residing in out of county settings placed and funded by Nene or Corby CCGs. Individuals will not be considered part of the cohort if they have been placed in Northamptonshire by other CCGs however, wherever possible we will alert the relevant commissioner to advise of impending risk so their own register and CTR policy can be enacted.

There are exceptions in relation to the pathway for implementation of CTRs as follows:

- Where people are admitted to general hospital for assessment and treatment of physical illness.
- A CTR may also not be appropriate for people on an acute mental health pathway where this is part of their pre-determined planned crisis care plan (unless a specific request for a Care and Treatment Review (CTR) is made or unless the inpatient admission has reached six months when an inpatient CTR would be triggered)
- where people are inpatients but on a 'resettlement pathway' and have housing and care providers in place together with a clear discharge plan and identified discharge date,(unless any party is dissatisfied with progress)

The policy includes those subject to Ministry of Justice (MoJ) restrictions, other than for the pre-admission part of the pathway where the route into hospital is through the Courts or from prison. There is recognition that some people transfer to hospital via the criminal justice system and these individuals can be subject to a MoJ restriction order that means they have to serve a minimum sentence, (please see sections 47/49, 48/49 of the Mental Health Act for further information).

In these circumstances, although CTRs cannot speed up the discharge process they can check that the individual is safe, getting the most appropriate and effective current care and treatment in the least restrictive setting based on their reason for admission to hospital (rather than prison) and that there is planning taking place for discharge (however far ahead that may be).

Where a transfer is taking place between inpatient settings as part of the planned care and treatment pathway, for example a move from high to medium secure services, this is to be treated as a continuous inpatient stay and should be considered as continuous treatment for the purposes of the inpatient CTR.

Where there is an intention to transfer a person to a setting of higher security then this should trigger a CTR

As a caveat, the CCGs will reserve the right to utilise the CTR process for identified individuals outside of scope on the occasions that this is determined to be of benefit and in agreement with the individual/their family. However there will be no national reporting on these individuals.

The CTR process should sit within a culture of proactive and responsive monitoring and review that can anticipate and meet needs in a timely manner to prevent and proactively manage crises in the community.

CTRs are part of a wider transformation of learning disability services and the model of service development and delivery is laid out in 'Building the Right Support'.

3. Interdependencies

This policy should be read alongside the National Care and Treatment Reviews Policy and Guidance (2017), Revised Mental Health Act Code of Practice guidance on the Care Programme Approach (2015), Care Act (2014) and Children's and Families Act 2014

4. Principles

The CTR process has at its core a set of principles that the CTR panel should always uphold. The panel members have an equal role in making sure these principles are followed:

- **P**erson centred and family centred
- **E**vidence based
- **R**ights led
- **S**eeing the whole person
- **O**pen, independent and challenging
- **N**othing about us without us
- **A**ction focused
- **L**iving life in the community

This occurs through the following objectives:

- Empowering and supporting people and families to be listened to
- Preventing unnecessary admissions to hospital
- Promptly reviewing the proposed care and treatment as well as the discharge plans of individuals urgently admitted to hospital
- Where individuals have been admitted to hospital, there are clearly defined outcomes and an appropriate discharge plan is documented with an anticipated discharge date.
- Reviewing the care and treatment of individuals who have been in hospital for a defined period of time (or sooner by request where there is dissatisfaction with progress)
- Ensure that all parties work together with the person and their family to support discharge into the community (or if the only option, to a less restrictive setting) at the earliest opportunity
- Ensure the involvement of the local authority including, where appropriate, children's social care, adult's social care, the Special Educational Needs (SEN) team, or school or college so that all relevant issues can be fully addressed and solutions explored for the discharge of people into community based settings, or back home to their families
- Support a constructive and person-centred process of challenge to current and future intended care and treatment plans where necessary
- Identify barriers to progress and make clear and constructive recommendations for how these could be overcome
- Result in an agreed action plan at the end of the CTR that has clear actions, each of which is allocated to a named individual together with a specific timescale
- Improve health outcomes through early access to the most appropriate services and the provision of integrated and holistic care.

5. Care Treatment and Review Group

There is a CTR Group that meets monthly to monitor and review people at risk of hospital admission and/ or in need of discharge from hospital (See Terms of Reference- Appendix A). The CTR Group reports to the Operational Delivery Group and the Learning Disability Transformation Board. As the CTR process is triggered at the point when a person is identified as at risk of being admitted to an inpatient setting it is essential that this process sits alongside a proactive avoidance of a person getting into this situation. To this end all Counties hold a register that identifies people at risk and proactively works to avoid the

risk. In Northamptonshire this register has been called a Care and Treatment Register. The register not only identifies those in need of a CTR it also helps partners to proactively engage to prevent a person escalating to this level. The CTR is underpinned by a distinct pathway that initiates the request for a CTR (See Appendix B extracted from the national policy).

Northamptonshire TCP partners consisting of the CCGs, NHS England, Local Authority (LA) and Northamptonshire Healthcare NHS Foundation Trust (NHFT) have agreed to form the Care and Treatment Review Group to oversee this pathway. The group checks that people at risk are being proactively supported and provides the opportunity for a working forum to discuss individuals at risk of admission and work in partnership to highlight and resolve any identified barriers for the benefit of individuals with a learning disability and/or autism. The key aim is for the group to shape the system towards delivering a dynamic model of care and support where people are identified at an early stage so proactive and preventative strategies are put in place. It will also identify any lessons learned, consider any actions required and cascade learning across organisations. The work of the group, themes and lessons learned via CTRs are fed into the local Operational Delivery Group and Learning Disability Transformation Board

6. Information sharing

In order to gather information required as part of NHS England's commitment to preventing unnecessary hospital admissions for individuals with learning disabilities and/or autism, information needs to be shared between statutory organisations when not to do so would pose a significant risk. Currently this is achieved through individual consent / best interests and the counties multi-partnership Information Sharing Agreement (signed by partners in 2013) managed by NCC. A specific information agreement is in the process of being agreed by all parties.

There will at times be the need to discuss named individuals however this will be within the Data Protection Act and Caldecott principles at all times.

Data 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.

For the CTR/ CETR panel meetings all Independent panel members directly sourced by the CCG will have signed a confidentiality agreement and all Independent Panel Members will be expected to produce an updated DBS check.

The key points in a pathway where consent is required are:

<u>The Care and Treatment Register</u>

The CTR register is the responsibility of the CCG however management is delegated to the Advanced Practitioner, Crisis Management and Admission Avoidance, based in Northamptonshire Healthcare NHS Foundation Trust

Where an individual's level of risk meets the criteria for escalation to the risk register the lead professional will gain the individuals consent and request their details are placed on the register (See appendix C for guidance)
Any person whose details are on the register will be required to give their explicit consent (or a Best Interest Decision (BID) has occurred on their behalf). It is the responsibility of the notifying professional to seek consent before requesting entry onto the register. The register holder will check consent has been gained before entering data onto the register. If the person is identified as red alert on the risk

register NHFT will inform Nene CCG Integrated Commissioning Team as part of the protocol to enable CTR/CETR planning. , the CCG will check that consent/BID has taken place.

Care and Treatment Reviews

Anyone in scope will be part of the CTR process. The CCGs will ensure that consent has been sought for pre and/ or post CTRs or when the Local Area Emergency Protocol (LAEP) is referred to. The lead professional involved will be asked to seek and provide evidence of consent. The CCGs will seek consent/BID via the hospital provider/case manager for a post admission 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.

The Health and Social Care Information Centre's 'Assuring Transformation' data collection

NHS England has tasked the Health and Social Care Information Centre (HSCIC) with a national mandate to collect individualised in-patient admission data from CCGs every month via a live Clinical Audit Platform. The information required from CCGs is restricted to adult in-patient admissions in non-secure mental health or specialist LD hospital settings. Each hospital provider is responsible for providing and evidencing that the patient is given a leaflet explaining the data collection and process of requesting to opt out. The hospital provider will produce the Assuring Transformation patient data set and give to Nene CCG on the day of a new admission or discharge so that the platform can be updated in a timely fashion. Failure to do this will be reported by NHS England to the relevant directors.
The HSCIC complete anonymised regional and national data reports which are widely available.

NB For children and young people the AT dataset is managed by NHS England Specialised Commissioning post admission

7. Training

It is expected that each organisation involved will take responsibility to ensure their staff are made aware and have read this policy during induction and refreshed as required. It is also expected that organisations ensure their workforce has the necessary skills and training to implement the policy.

In relation to Independent Panel Members the CCG will provide training and information to enable members to understand the process and their role within it. NHS England has developed an e-learning module and this can be found at the following link:

https://www.e-lfh.org.uk/programmes/care-and-treatment-reviews/

At the end of each Care and Treatment Review there will be time made for reflection and learning from the process.

8. Consent and process for 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 and these will be made available to people in a timely fashion.

When people are admitted to a mental health or specialist learning disability hospital and in scope of Transforming Care they are automatically entered onto the Assurance Transformation Clinical Data Platform. Consent does not have to be sought to do this as it is agreed as it has been approved under the s 251. On admission a patient will be given a leaflet explaining this and the process

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 wish to opt out. Should this occur the information leaflet refers to the national guidance for how to do this and the process to managing objections. For support please contact the relevant commissioner at Nene CCG.

Whenever the CTR process is referred to the persons consent will be required or best interest under the MCA 2005 followed. If a person withholds consent this should be respected however whilst a CTR will not be conducted this will not prevent professionals sharing of information to address the risks to the person and/ or others safety if it is legally justified. It is expected professionals will work together to do all they can to avoid a hospital admission unless it is unsafe to do so. Commissioners and professionals must remember and fulfil their obligations to inform the person about the use of their data (who, what, how and why) as part of the process in assessing consent.

9. The Dynamic Register

It is estimated that there are 4,496 numbers of people with autism in the county and approximately 3400 people with learning disabilities on Northamptonshire's GP registers. It is suggested that approximately 144 will have both. Based on previous number of CTRs it is expected that in total there would be an average of 15 CTRs a year and ideally no more than 4 blue light calls per year. This will be reviewed on a year by year basis.

The CCGs are working in partnership with the LA and NHFT to develop a dynamic register. The register will have interdependency with the local Joint Strategic Needs Assessment and the CTR register. The dynamic register will identify the needs of the local population and continue to develop a dynamic model of prevention and proactive intervention to reduce the need for people to display challenging behaviour. The commissioners within the CCG and LA are responsible for the developing of this register and commissioning activity in relation to it.

10. The Care and Treatment Review Register (known nationally as the 'at risk register'

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 behaviours that challenge others and/ or poor mental health. This includes those children and young people admitted via CAMHS Tier 4. A local register 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 CTR register is for adults and there is a separate CETR register for children and young people, managed by the Children's Complex and Continuing Care Team at Nene CCG.

The CTR register template has been developed that sets out the minimum data set expected nationally and there is a local guide to support the professional to rate individuals Red, Amber, Green or Blue depending on the severity of their risk of admission. The adult register is managed by NHFT. The children's register is managed by the Children's Operational Team in the CCG (see appendix c template).

At the point where professionals are considering the need for admission consent will be gained and the CCGs will be notified to arrange a CTR.

The CTR Group has determined that this is the most efficient and robust way of compiling and handling the data required. The CCGs Learning Disability Commissioning Manager is responsible for the CTR register and the CTR Group will oversee the compiling of the register. The CTR register and its management will be kept under constant review.

11. CTRs – Pre Admission Community, Post admission and the Local Area Emergency Protocol for 'blue light' admissions

CTRs are independent panel based reviews consisting of the responsible NHS commissioner, an Expert by Experience, and an Expert Independent Clinical Advisor. The CTR Panel uses a standard toolkit and liaises with the individual and their family, MDT and local team (including care management/social work teams) 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 their representative) to ensure they have taken place.

Below is a checklist of those who should be invited to take part in all three admission meetings (this is not an exclusive list):

Adult	Children
Commissioner (Chair) The person being considered for admission Family member/s/other key people Psychiatrist Community Nurse Social worker Care manager, involvement in assessment and care planning IMHA/IMCA/Independent advocate (As appropriate- to advocate for the individual concerned) GP (where relevant) Education if appropriate	Commissioner (chair) Parent carers and those with parenting responsibility Child/ Young person Siblings (if appropriate) Children's social care Adult Social Care/ Transitions Team (if appropriate) Local Authority Education Department Education provider (school/ college etc.) CAMHS Advocate (if appropriate) Responsible clinician and senior nurse Young Offenders Team (as appropriate) Key Health Providers Voluntary sector (If appropriate) Paediatrician and/ or psychiatrist (If appropriate) GP (where relevant)

The CCGs are responsible for administering all aspects of the CTR including sourcing and funding the Experts, chairing the panel, compiling the recommendations and ensuring the recommendations are completed. There are clear time frames for CTRs dependent on the client group and these are detailed in Appendix C

11.1 Community CTR – No planned admission to a mental health ward, specialist learning disability unit or children's/ secure beds will occur without a Community CTR which will be documented and given to the CCGs and/ or specialised commissioning to assure that all alternatives to hospital have been considered and whether the individual and their family/carers views have been taken into account.

A rare exception to this is where the person is presenting with significant risks and the commissioner is not available and/ or it is too unsafe for admission to be delayed. All admissions will be reviewed by the Advanced Practitioner Crisis Management and Admission Avoidance with the completion of the Route Cause Analysis (RCA) Form (See appendix F for the template) and discussed with the relevant commissioner.

Where admission occurs without a community CTR/CETR a Root Cause Analysis form will be completed. In case of adults this form will go to the relevant commissioner. For children it will go to the local Director of Commissioning Operations (DCO). For Northamptonshire this is Martin Fahye (m.fahy@nhs.net)

Individuals may also be flagged on the CTR register that would benefit from a CTR to review their current care and explore the prevention of potential hospital admissions in the future, however this will be at the discretion of the commissioning manager who may require alternative pathways to be explored in the first instance.

11.2 Inpatient Planned post CTR – Individuals who are in hospital are subject to initial and review CTRs and these are mandatory to the organisation unless the patient refuses to consent. The CTR will follow the standard toolkit with a focus on whether the individual is receiving good care and treatment, needs to remain in hospital and whether there are any barriers to discharge.

11.3 'Blue light' urgent admissions are addressed within the Local Area Emergency Protocol (See Appendix D) - 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 the LAEP will be adhered to. The CCG is responsible for arranging the call and guiding the participants through the process.

In relation to hospital admissions for children, young people and access to secure placements a gate-keeping form will be completed by the relevant Specialised Commissioning Case Manager to agree any admissions.

All partners will be required to support by way of prioritising their time and resources to respond both flexibly and at short notice to a 'blue light' LAEP conference call/ meeting. Whenever a blue light discussion takes place this will be followed up by the completion of the RCA form completion and discussion at the next appropriate CTR Meeting (See appendix F for template).

11.4 Requested CTR- A CTR can be requested by the individual in the community or hospital, their family or other professional involved in their care at any point. In the first instance the CCG will seek to establish why a CTR has been requested and seek to see if there are any issues that can be resolved prior to the CTR being arranged. If the request for a CTR continues, the CCGs will make arrangements as necessary

NB It is essential that all professionals seek to initiate Care and Treatment Reviews in a timely fashion. CTRs should not be used as a substitute for professional MDT meetings or to delay or obstruct admission and discharge based on clinical presentation. Succinct commissioner guidance to the CTR process has been developed to support the CCGs commissioners with NHS England's CTR Policy pathway.

12 Interface with NHS England Specialist Commissioning

NHS England report on and undertake CTRs on individuals who are their responsibility as a result of admissions to CAMHS Tier 4 beds, low, medium and high secure hospital settings. 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 the CCG commissioners (or where there is insufficient time a 'blue light' via the LAEP). An 'access assessment' and CTR activity can be completed in parallel to avoid delays.

Where NHS England undertakes a CTR, CCGs are required to take part, 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).

13 Governance and Reporting

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.

Nene CCG's Medical Director is accountable for CTR activity and the associated quality assurance required. The CCGs Senior Commissioning Managers will monitor the standards of CTRs and be accountable for checking that the actions are being carried out. The Senior Commissioning Manager will provide a CTR report to the Quality Committee on an intermittent basis as appropriate and will report to the Learning Disability Transformation Board in relation to themes and quality assurance. Both reports will emphasise any lessons learned.

14 Disagreements/disputes/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 there are disagreements that relate to responsibility for future packages of care between parties that cannot be resolved it will follow local escalation processes. Where the situation has been escalated to director level and remains unresolved and this is having an adverse effect on the person, this should

be escalated using the significant case documentation to the NHS England Regional Team. This is required to prevent the disagreement leading to a potential admission and/ or lengthy inpatient stay where an individual is ready for discharge (leading to a delayed transfer of care).
Where the patient lacks capacity and such disagreements cannot be resolved, some cases may need to be referred to the Court of Protection.

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

15. Monitoring, auditing and review

The policy will be audited against national standards stated in the National Care and Treatment Review Policy and Guidance at least once yearly. Themes and outcomes gathered throughout the process will be fed back to the CTR group quarterly and the LD Operational Delivery Group/ Transformational Board at least yearly. The policy will be reviewed bi-yearly