

## Appendix C

### **Transforming Care Dynamic Register and Care and Treatment Review Register known nationally as 'At Risk Register' (Including notification form)**

#### **The aim**

The aim of the dynamic risk register is to continue to develop intelligence of the local needs of the cohort of people with learning disabilities and or autism who could potentially become at risk of hospital admission. This intelligence will be used to shape the local dynamic model of care and support. All partners will work together with support from primary care to combine the intelligence they have about the local population and needs identified. The dynamic and at risk registers will be overseen by Nene CCG. The dynamic register will be continually developed and managed the LD Commissioning Team in Nene CCG. The risk register will be managed by the Admission Avoidance Lead based at NHFT. It will be the responsibility of all professionals to ensure anybody at risk of admission whose presentation meets the 'Current Level of Risk' section will be referred to be entered on the risk register.

The CTR register is to ensure that anybody (adult, child or young person) with a learning disability and/or Autism who is at risk of being admitted to a mainstream mental health hospital and/ or specialist learning disability unit because of their mental health or behaviour that challenges, is flagged at the earliest opportunity. Early identification will enable proactive and preventative work to reduce the risks of hospital admission.

On entry to the register a lead professional will be tasked to liaise with the relevant register lead and to keep the individual information on the risk register updated

There is a child and adult CTR register. All people who are from the cohort described above and originate from Northamptonshire will be asked to be put on the register. An exception to this is where the person is placed out of county by the local authority. In this instance the CCG where the person resides will hold details on their CTR risk register.

#### **Best Practice**

It is already expected as best practice that people who are at risk of hospital admission will be assessed as to whether they meet the criteria for the Care Programme Approach (CPA) and this is initiated where appropriate. There is also an expectation that the relevant specialist health services be referred to in an attempt to proactively work with the individual to reduce the likelihood of a crisis occurring. In addition, there should be a discussion with direct carers as to current management plans, including a contingency plan, if at any point they should cease being able to provide support due to situations such as illness or level of risk. This will include a pen portrait of need and a description of the support that would be required in such an event.

Any professional who identifies someone at risk of requiring hospital admission should ensure best practice is adhered to.

#### **Consent**

Where the risk is increasing and concerns have begun to be raised in relation to the level of support required, then it is the professional's duty to ensure that consent (or MCA best interest decision) is established to enable details of the person and their risk, to be entered

onto the CTR Register. Notification to be placed on the CTR register will be emailed to the relevant leads (See Table 1 for details). It is important that individuals (and/or their family members where appropriate) are made aware that their details will be passed to the relevant commissioner should the risk of admission to hospital reach such a level that a Community Care and Treatment Review (or in some cases a 'blue light' conference call) needs to occur. NHS England also requires consent for an individual's details to remain on the register once an admission to hospital/discharge has occurred.

(NB-NHS England has produced information leaflets and the CCGs have developed consent forms for this process)

### **Completing the entry onto the CTR register**

The notification form is self-explanatory. Once received the level of risk will be determined using the following criteria:

#### **Current level of risk:-**

##### **Green rating**

- Where the person has begun to exhibit behaviours that are identified as risk factors to admission and is requiring additional support
- If the person has recently been an inpatient and is believed to be stable they will remain on the risk register for at least three months post discharge
- there are concerns about the stability of the support in place and if continue could lead to a community crisis
- If a young person is approaching a transition in care and known risks could quickly escalate (must include young people in transition/out of county schools known to have CB/MH/ people changing care providers/ leaving home)

#### **Action:**

**All green rating will go on the CTR register and the case manager will monitor and inform others on a need to know basis. It is expected that proactive positive behaviour support plans will be in place and future planning occurs.**

##### **Amber rating**

- Where the risk is rising- health interventions increasing or requests for a significant increase in the care package
- Where providers/families are stating that they are having difficulty in supporting the individual and fear the ability to cope in the future
- Where an individual has stepped down from a red rating (i.e. that a community CTR has taken place and an admission has been avoided) but sufficient concern and/or activity remains with current presentation

#### **Actions:**

**All amber rating will be discussed in the CTR Review Group. In addition to the actions for those on Green the lead professional will ensure a contingency planning meeting is arranged and a plan developed that avoids crisis and/ or hospital admission.**

**NB-It is vital that liaison occurs between the funding authorities (Health and Social Care, Adults and children's i.e. social workers/Principal Social Worker etc...), to ensure that any increase in care package (if the need is identified) to keep the person safe in the community is expedited without delay. Any barriers should be reported to CCG commissioners as a matter of urgency and escalated if not resolved.**

### **Red rating**

- Where the lead professional has assessed the individual as at significantly high risk and a crisis is imminent with a highly likely inpatient admission and/or
- Where there is discussions in relation to a planned admission to hospital

In addition to previously mentioned actions an individual who is red rated will be required to receive a Community CTR. The lead professional will contact the CCG relevant commissioner (see below) to arrange a community CTR where all parties will attend. (Commissioners will endeavour to arrange the CTR as a matter of urgent priority)

### **Blue Light (The Local Emergency Admission Protocol)**

- Where the person is in crisis or a crisis has occurred and the individual is at the point of being admitted to hospital
- All blue light ratings will trigger the Local Area Emergency Protocol and all those involved will prioritise their availability.
- The Commissioner (or their representative out of hours) will need to agree the admission
- Should admission occur (or if the person is admitted without prior knowledge) a Care and Treatment Review will take place within the time line expected post admission and a system review will occur at the next CTR meeting.

**In order to understand the population needs and continue to develop a dynamic register those taken off the register will be placed on an archived register.**

**Table 1**

To enter an individual onto the register complete the notification form (template 1) and send by secure email to Shaylea Williams, Children’s and Young Peoples Operational Lead for a child or for adults, John Rackham, the Advanced Practitioner, Crisis and Hospital Admission Avoidance. Please copy in those relevant as identified below to ensure cover in their absences. Your notification will be acknowledged and you will be contacted within two week days.

Children	Adults
To: <a href="mailto:shaylea.Williams@nhs.net">shaylea.Williams@nhs.net</a> Copy to: <a href="mailto:marie.grikinic@nhs.net">marie.grikinic@nhs.net</a> <a href="mailto:Sian.Heale@nhs.net">Sian.Heale@nhs.net</a> <a href="mailto:Sue.Freeman5@nhs.net">Sue.Freeman5@nhs.net</a>	To: <a href="mailto:John.Rackham@nhft.nhs.uk">John.Rackham@nhft.nhs.uk</a> Copy to: <a href="mailto:Stephanie.Durnin@nhft.nhs.uk">Stephanie.Durnin@nhft.nhs.uk</a> <a href="mailto:Sally.Bayliss@nhft.nhs.uk">Sally.Bayliss@nhft.nhs.uk</a> <a href="mailto:Sue.Freeman5@nhs.net">Sue.Freeman5@nhs.net</a>

**Northamptonshire’s Notification form – details required to enter onto the Care and Treatment Register**

Date of notification	Referrer (i.e. CTPLD North/South/NASS/ IST/NCC ASC/ family/ provider/ self)	Has correct consent/ BID been obtained?	Name of person and/ or NHS number	Date of Birth and age	primary and relevant secondary diagnosis	Is the person under the CPA Framework?	Contact details of CPA Co-ordinator/ lead professional	Reason why the person is at risk of placement breakdown and/ or admission

Last date of CPA or formal review of the person's care plan/needs and next planned date	Is the person at immediate risk of placement breakdown and/or admission?	Name of School/Educational / Employment Placement Is this a 52 week placement?	Does the person have an Education Health and Care Plan?	Lead Agency/Individuals to be contacted in case of a need for urgent intervention	Type of residence	Name of support provider or family carer and contact details	Is there any funded support and if so which funding stream	Any Secondary Health Service(s) activity involved
Is there an up to date detailed Plan of Care for presenting need?	Is there an up to date Risk Assessment and Management Plan? <b>State key risks</b>	Is there an up to date Contingency Plan to prevent admission to hospital?	Have they had a past period of inpatient admission? If Yes, name of hospital and date of discharge	Any history with the criminal justice services?	Is there a deprivation of liberty and does the person have any legal framework in place?	Has the person had an Annual Health Check and health action plan?	Date/s of Community CTR/ CETR held	Date taken off the register