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# **Suffolk Children and Young People's Dynamic Support Register (DSR) and Community Care, Education and Treatment Review (CETR) Protocols**

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### Protocol Version History

Version	Date	Author	Changes Made
First Edition	XX/01/2022	Anita Farrant	

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***“Children, young people and adults with a learning disability and/or autism who display behaviour that challenges, including those with a mental health difficulty, have the right to the same opportunities as anyone else to live satisfying and valued lives and to be treated with the same dignity and respect. They should have a home within their community, be able to develop and maintain relationships and get the support they need to live a healthy, safe and fulfilling life.”***

[service-model-291015.pdf \(england.nhs.uk\)](#)

The vision above is from the new service model for people with a Learning Disability and or Autism and is based on the policy published by NHS England in October 2015 and then revised in March 2017. (Appendix 1)

The service model requires that:

- Local health and care services should develop a dynamic register based on sophisticated risk stratification of their local populations. This will enable local services to anticipate and meet the needs of those people with a learning disability and/ or autism who display behaviour that challenges, or who are at risk of developing behaviour that challenges, ensuring local services plan appropriately and provide early interventions, including preventative support
- Everyone, other than those following diversion or direction from the criminal justice system, should expect a community (pre-admission) Care and Treatment Review (CTR). In the 2017 review ‘Care, Education and Treatment Reviews’ (CETRs) where introduced to reflect more accurately the significant role that education plays in children and young people’s lives.
- Health commissioners should be ensuring the appropriate CETRs are taking place and are of a high quality, in line with NHS England policy

## **CYP Dynamic Support Register (DSR)**

The “CYP Dynamic Support Register” has been designed to help professionals working with CYP with learning disabilities and/ or autism to better respond to incidents and events that enhance the need for a raised support approach. It is intended to identify and mitigate risks and identify opportunities for community service provision as an alternative to admission to hospital, and to support those already in hospital towards a timely discharge.

The CYP DSR is held by the Ipswich, East & West Suffolk CCG and it is the CCGs responsibility to keep it updated and to monitor the progress of the individuals on the register to ensure that everything is being done to keep them and their families safe and healthy in the community.

The DSR is saved and stored on a dedicated Microsoft Teams folder with limited access to ensure confidentiality. The DSR master register is never shared, and copies are always password protected.

The DSR is reviewed regularly and all risks for CYP on the register reassessed and RAG rated at the DSR Review Meeting (Appendix 2).

Access to the DSR is a multi-agency pathway involving the child/young person themselves, the family/carers, and all the relevant professionals.

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There is an expectation that a multi-agency meeting has taken place (MAM) and this identifies risk and issues that have raised concerns about possible future need for an admission into a mental health inpatient unit or other such long term placement that may not be in the best interest of the Child/Young Person and their families/carers.

If the family consent and all professionals agree then a request to access the CYP-DSR is made through providing the following information:

- Multi-Agency Risk Management Plan which identifies the areas where additional support is sort.
- Minutes from the recent Multi Agency Meeting (MAM),
- CETR referral form, (if referral has been made).
- Formal diagnosis and who by.
- Documented consent from the CYP or their parent/carer or a documented best interest decision. (Appendix 3)

Please e-mail the above to: [iesccg.specialistservices@nhs.net](mailto:iesccg.specialistservices@nhs.net)

If your request is **'URGENT'** please identify this in the Email subject line.

On receipt of the request the quality team will apply the CYP DSR admission criteria and may come back to you to request further information in order to complete the triage.

## Criteria for inclusion on to the Suffolk CYP DSR.

<b>Red</b>
Imminent risk of being admitted to hospital; displaying signs of challenging behaviour that are significantly challenging family and existing support services
Young person is placing themselves or others at serious and/or significant risk of harm
Young person has had an unplanned hospital admission in the last year (excluding admission for physical health)
They have been managed by a crisis team or similar to avoid a hospital admission in the last year
All possible options to support in the community have been exhausted
<b>Amber</b>
Child or young person is starting to display challenging behaviour which existing services are struggling to manage; these behaviours are at such a stage that a multidisciplinary team meeting, or a review of their current services, they are likely to be able to be managed OR
The child or young person is living in the community (either at home or in a foster placement) but they are displaying challenging behaviours which may lead to a residential placement being sought, and there are concerns that there may not be a suitable residential placement available
The child or young person is in receipt of/has received all possible service options available in the community
<b>Green</b>
The child or young person has previously been in a learning disability or mental health inpatient setting but is currently in the community or a residential placement and there are no concerns.

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## Community Care, Education and Treatment Reviews (CETR's)

Care, Education and Treatment Reviews (CETR's) have been developed as part of NHS England's commitment to improving the care of Children and Young People (CYP) (0-19) with learning disabilities, autism, or both; with the aim of reducing admissions and unnecessarily lengthy stays in hospitals and reducing health inequalities (Care and Treatment Reviews (CTR's): Policy and Guidance 2017). (Appendix 1)

The CETR process is to be triggered at the point when a CYP, is identified as potentially being admitted to a specialist learning disability or mental health inpatient setting.

### Exceptions to carrying out a CETR are:

- Where people are admitted to general hospital for assessment and treatment of physical illness.
- A CETR 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 CETR is made or unless the inpatient admission has reached six months when an inpatient CETR would be triggered, or repeated admissions are occurring.
- Where CYP are in 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 community 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. (CTR: Policy and Guidance March 2017 NHSE). (Appendix 1)

NHSE will not accept any non-urgent (detained under the MHA) referrals without a CETR having taken place within 28 days with clear recommendations for inpatient care pathway. Where detention under the Mental Health Act, including via the courts, has taken place, a review should be arranged in these circumstances within 10 days of admission.

Prior to requesting a community CETR a Multi-Agency Meeting (MAM) must occur and from this, the shared view must be that a community CETR is required as current community services and support feel the needs of this CYP are not being met within the community, and the complexities of the CYP are increasing and the overview of an independent chair, clinician and expert by experience would be of great benefit.

If the issue is behavioural or the concern is around provider breakdown this needs to be discussed with operational managers who will need to respond to such issues.

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## Admission pathway to on-secure services including acute mental health, rehab, assessment, and treatment, and all CYP inpatient facilities.

Routine community CETR requests will be triaged by the IE&WCCG CYP Quality team. Following triage if CYP does not require a community CETR but the case / situation is complex they we will speak with the referrer about adding the CYP to the DSR and attending a the DSR Review Meeting.

In the event a CETR is required, the following principles should be followed in conjunction to the flowchart in Appendix 4:

<b>INPATIENT SETTING BEING CONSIDERED or THERE IS SIGNIFICANT ESCALATING NEED. → Community CETR Required</b>
<p>A CETR should be initiated where a hospital admission is actively being considered or sought for CYP. The referral form should be completed with as much detail as possible by a key professional with knowledge of the individual's case, please ensure all relevant professionals/services/key people are included in the referral as this forms the basis for the invites (See Appendix 5).</p> <p>CETRs and any related recording or disclosure of personal information <u>will require</u> the consent of the individual (or someone with parental responsibility, or Lasting Power of Attorney for them). Or, if the person lacks capacity, this should be assessed to be in their Best Interests applying the Mental Capacity Act 2005 and its Code of Practice. The 'My Care Treatment Review' booklet should be completed with the individual or a clear recorded assessment of capacity and best interest submitted (see Appendix 6).</p> <p>If the person with parental responsibility does not consent to a Community CETR for CYP under the age of 16 years a CETR cannot be taken forward, this will be recorded and fed back to NHSE if an admission goes ahead without a CETR. A young person over the age of 16 years and their family can consent to a community CETR, if a young person lacks capacity parental consent will be gained.</p>



<b>COMMUNITY CETR</b>
<p>The CCG will arrange for a CETR to take place, as soon as possible of referral receipt date, and will include the individual, family, treatment team, carers, social services, education etc. The Community CETR is held to consider alternatives to admission, ensuring that all alternatives, in addition to that of hospital admission are explored and resourced flexibly to meet the CYPs needs. Resources could include specialist health teams, local authority respite provision, voluntary agencies, short breaks, adjusting existing care and support hours etc.</p>

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## CETR MEETING

### Preparing for a CETR

It's important that prior to the day of the review that the panel gets sight of relevant documents, this includes history, assessments, timelines, and care plans as well as an up-to-date risk assessment, these should be provided at the point of referral.

It's also important to support the individual in accessing the review either in person or using assistive technology. If the CYP does not want to be part of the full review or would like to be seen outside of the review by the panel arrangements should be offered and made by the referrer.

If you are asked to attend an interview slot, it's important to be prepared and to understand the case and the service involvement prior to the meeting and in the future. If you are unable to attend a written report must be submitted to the panel at least 48 hours in advance of the review meeting. The panel will ask questions about the care and treatment of the individual and what service offers are available.

### The CETR is not and does not

- A replacement for an MDT discussion or inter-agency meeting
- there to make recommendations about detention under the Mental Health Act.
- there to write care or treatment plans, nor should these wait until a CETR is held on admission or in the community.
- about making another agency do something when they haven't.
- replace the Care Programme Approach reviews.
- make financial decisions about resources, although can make recommendations for planned treatment/care.



## CETR FINDINGS AND RECOMMENDATIONS

CETR will consider the following questions when making their findings and recommendations which will be articulated to the care teams, education, individuals, and their family.

1. Is the reason for the hospital admission clearly established?
2. Is the admission request due to a clinical reason or a breakdown in care and/or education support?
3. Is it clear why the proposed assessment and treatment must be carried out in a hospital at the present time?



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4. Could the treatment plan be safely delivered in the community/non-hospital setting? In not, why not?
5. What would have to be in place to make community treatment happen?

Recommendations will be:

**Specific** – what exactly should happen and the name of the person responsible.

**Measurable**- How will people know if the recommendation has been implemented satisfactory?

**Action focused** – Recommendations should be in the form of clear tasks to be carried out by named persons

**Realistic** - Recommendations have to be possible to achieve not merely aspirational or outside the remit of capabilities of the individuals named

**Time framed** – Specific stated date by which the recommendations is to have been implemented or reviewed SMART

Following a Community CETR actions and recommendations will be followed up by the Keyworking Function to ensure completion.

If the situation deteriorates whilst a community CETR is being arranged an urgent CETR or LAEP needs to be considered.

**Admission for any CYP diagnosed with a learning disability and/or autism requires the approval of the Clinical Commissioning Group (Chief Nursing Officer or Deputy).**

## Urgent Community CETR

Urgent CETR should only occur if a CYP is unknown to services and therefore has not been previously identified as at risk. If a CYP is known to services, they should be on the CYP DSR and the above community CETR processes should be followed.

If a CYP with LD and or A experiences a mental health crisis and is assessed by NSFT mental health practitioners as requiring an inpatient admission, the CCG CYP Quality team must be informed immediately in order for an Urgent CETR to be completed.

**Where an urgent admission is being considered and where there is no time to safely hold a Community CETR the Local Area Emergency Protocol should be implemented. E.g., If a child / young person presents out of hours (after 6pm or at the weekend) and requires an emergency tier 4 inpatient admission**

## LOCAL AREA EMERGENCY PROTOCOL

This protocol is to be used where it is considered that there is no time to safely hold a community CETR. Level of risk is due to clinical need and presentation, possibly supported by the MHA 1983.

These situations should only happen for children/young person not known to services as there is an expectation that children and young people known to services will be on Suffolk's CYP Dynamic Support Register.



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It is the responsibility of operational team/services to make sure CYP are identified and on the DSR.

Risk due to social care breakdown should be referred through to social care services to consider emergency respite.

A request for a CETR should be made at the earliest opportunity as detailed above.

### EMERGENCY ADMISSION REQUIRED

Mental Health/Learning Disability practitioner to inform CCG CYP Quality team of imminent admission. **In the event that the emergency admission/urgent request takes place outside of Monday – Friday 9-5 the CCG should be informed on the next working day.**



### LOCAL AREA EMERGENCY PLANNING MEETING (LAEP)

The CCG will undertake, in conjunction with family, provider services, social care and education a chronology and evaluation of care and treatment services. This meeting may be via telephone conference, whilst the presence of CETR panel membership is preferable, the meeting can proceed without, to prevent delays.

A 'no blame' principle, in order to give individuals or services the confidence to speak will be embraced.

- What has a happened?
- What is the reason?
- What are my and my family's /carers views?
- What are my symptoms, diagnosis?
- What was working well / wasn't working well?
- What treatment is current being received?
- What additional support could be offered?
- What is the expected outcome?
- What IS the impact of admission?
- What can we do differently next time?



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## LAEP MEETING FINDINGS AND RECOMMENDATIONS

LAEPs will consider the following questions when making their findings and recommendations which will be articulated to the care teams, education, individuals and their family.

1. Is the reason for the hospital admission clearly established?
2. Is the admission request due to a clinical reason or a breakdown in care and/or education support?
3. Is it clear why the proposed assessment and treatment has to be carried out in a hospital at the present time?
4. Could the treatment plan be safely delivered in the community/non-hospital setting? In not, why not?
5. What would have to be in place to make community treatment successful?

**Specific** – what exactly should happen and the name of the person responsible.

**Measurable**- How will people know if the recommendation has been implemented satisfactory?

**Action focused** – Recommendations should be in the form of clear tasks to be carried out by named persons

**Realistic** - Recommendations have to be possible to achieve not merely aspirational or outside the remit of capabilities of the individuals named












**Time framed** – Specific stated date by which the recommendations is to have been implemented or reviewed

**SMART**

**CYP admissions will also require NHSE Gate Keeping Process as well as an RCA Form completed and submitted to NHSE within 10 working days (Appendix 7)**

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APPENDICES		
Appendix 1	CTR: Policy and Guidance March 2017 NHSE and COVID-19 Update October 2021	  ctr-policy-v2 (1).pdf C1296-Care-Education-and-Treatment-Rev
Appendix 2	DSR Review Meeting TOR	 DRAFT TOR Jan 2022 V4.docx
Appendix 3	DSR Consent Form	  DSR consent form (002).docx DSR consent post 18.docx
Appendix 4	CYP Admission Pathway	 DRAFT CYP Admission Pathway Jc
Appendix 5	CETR Referral Form	 CETR%20referral%20form%202020.docx
Appendix 6	CETR Consent Form Easy Read	 my-care-treatment-review-symbol-edit.pdf
Appendix 7	CYP RCA Form	 FINAL%20TC%20CYP%20RCA%20Review%
Appendix 8	Information for families	  stomp-stamp_family_ctr_survival_guide.pdf leaflet.pdf f