Challenging Behaviour Foundation Workshop

Care & Treatment Reviews. How do they make changes in both children and adults lives?
Aims and objectives

• To develop an understanding of the care and treatment process, how this is changing the pathways and outcomes for both children and adults with a learning disability and autism and how this fits in with the transforming care agenda.

• Give a brief overview of Care and Treatment Reviews.

• Understand the different roles of the participants in a CTR

• Provide the national perspective on the roll out of the care and treatment reviews into existing systems and processes, including some of the barriers.

• What can we learn and take away?
Learning Disabilities – one of NHS England’s priorities for 2015-16

- Learning disability *:
  - significantly reduced ability to understand new or complex information, to learn new skills; and
  - reduced ability to cope independently which starts before adulthood with lasting effects on development.

- There are 1.2 million people with a learning disability in England.

- Currently ca 2500 are in hospital.

- Government has committed to reduce reliance on in-patient provision – “Transforming Care concordat” (2012).

Cross System Transforming Care Programme - structure

**Transforming Care Assurance Board**
This checks the work is going well and doing the things in the plans.

Minister + co-chair

**Transforming Care Delivery Board**
This makes decisions. The lead person from each organisation is on this board.

**Managing the Programme**

**Workstreams**

**The right Care in the Right Place**
Lead: NHS England
ADASS
Local Government Association

**Information**
Lead: Department of Health
Also: NHS England, ADASS/LGA, Care Quality Commission, PHE, HSCIC

**Staff**
Lead: HEE
Also: NHS England, ADASS/Local Government Association, Department of Health, Skills for Care

**Checking care in health and care services**
Lead: Care Quality Commission
Also: NHS England, Department of Health

**Giving power to people and families**
Lead: Department of Health
Also: ADSS/LGA, NHS England

Pictures: Photosymbols
So what exactly is a Care & Treatment Review (CTR)?

A CTR is a person centred Review...

The review team look in depth at the care the person is receiving...

They meet the person, and they read about the person’s care and treatment

It’s carried out over one day...

They meet the people who know the person well and who care for the person.

It can be used to prevent/support an admission...

The review team includes: the person’s commissioner, a learning disability professional & an ‘Expert by Experience’...

Or to review the care someone is currently receiving in a specialist hospital setting...

The CTR team then make some recommendations based on what they have found.
What have we learnt from Care & Treatment Reviews so far?

Great idea!

Sounds like a plan!

There are other alternatives to hospital care.

We need to improve local planning for people who we know have complex needs.

Many treatments being delivered in hospital can also be delivered in the community.

Putting more resources in place prior to admission can prevent admission; like developing ‘at risk’ of admission registers.

Working flexibly, adapting current resources and being creative helps prevent admission.

CTRs provide a valuable independent opinion and as a result actively kick-start people’s discharge.

It highlights the number of children with learning disabilities we need to plan for.
Why Care and Treatment Reviews? A reminder

- The National Audit Office report published in January 2015, found that in September 2014 there were 920 people in mental health hospitals who still had no date for transfer to the community and in 691 cases this was because a clinician had “decided they were not ready”. In the three quarters from December 2013 to June 2014 there were 902 hospital admissions and 600 discharges. The average length of continuous inpatient stay in the group studied was 6 years and 9 months; if admissions and readmissions were taken into account the average length stay was 17 years and 4 months.
Who are the review team?

• The responsible commissioner/chair responsible for the individual’s community package of care and treatment. **They will chair as they have** oversight for each individual’s package of care. They ensure that the care & treatment is timely, appropriate, effective & person-centred. (The local authority commissioner responsible for the future package should also be involved in the day as well as health commissioners)

• An **Expert by Experience** someone with direct experience of learning disability and/or autism either as person, or a family carer. They will have a very clear personal understanding of the issues, and are able to facilitate the views and wishes of other family carers or individuals with a learning disability being heard.

• A **Clinical Expert** (e.g. nurse, social worker)

People who are professional experts who are not directly involved in the current care & treatment of the individual who is having the CTR.

Experts by experience and clinical experts provide independent critical appraisal and challenge where required to the care and treatment plans for the person being reviewed.
Children and Young People

- CTRs have been adapted to consider the specific needs of those under 18. CTR/EHC plan.
- Children and young people have been placed in hospital far away from their families for long periods sometimes years. Hospitals are not homes.
- Whenever possible, children and young people will remain at home or close to their family and community.
- Many children in 52 week special school residential placements move on to assessment and treatment units.
Group Discussion

• What constitutes a good quality review and how do we ensure the quality of reviews?

• Children and young people – What are the specific issues? How can we ensure that there are good plans for children and young people?, particularly those leaving special residential school.
Next Steps

• Develop community support. (Future service design).
• Preventing admissions in the first place.
• Hospital only when appropriate and all other options are considered first.
• Focus on Children and young people.