

# CARE & TREATMENT REVIEWS



## **Introduction**

As part of the Transforming Care commitment made by NHS England, “*Care & Treatment Reviews*” are to be offered to people with Learning Disabilities who are in hospital beds, and who have requested a review, or where a review has been requested by their family, or commissioner.

This document describes the why, what, who, where, when and how of care and treatment reviews, and how this process will be governed.

## **Why carry out a Care and Treatment Review (CTR?)**

As at 1<sup>st</sup> April 2014 there were 2615 people with Learning Disabilities commissioned by NHS England, or Clinical Commissioning Groups in a hospital bed.

Many of those people have been in hospital for a number of years.

As part of the work to make sure that people with learning disabilities are supported to have good lives in the community and are only in a hospital if they absolutely need to be, for the shortest length of time necessary, and on a clear evidence based assessment and treatment pathway, Care and Treatment Reviews are being implemented.

Care and Treatment Reviews will support the individual and their family to have a voice, and will support the team around them to work together with the person and their family to support a discharge into community. The review process asks whether the person needs to be in hospital, and if there are care and treatment needs why can these not be carried out in the community?

If the resources and support are not be in place to support someone’s discharge the review would make clear recommendations that address what needs to be done to get to the point of a safe discharge.

## **Who is in the review team?**

The care and treatment review team includes two advisors, one Clinical Reviewer and one Expert Reviewer (Expert by Experience) who has relevant skills and experiences needed. This will help bring a different perspective into the thinking about unblocking some of the barriers to discharge, to support the CCGs in their work.

The lead commissioner is a key panel member and if there is joint funding a local authority commissioner is also required on the panel. The local commissioners are key to identifying local arrangements to support the individual to move back to their local community.

The review team is therefore made up of

1. The CCG commissioner responsible for the individual's community package of care and treatment ( or someone delegated by the commissioner with delegated authority on behalf of the commissioner) and if appropriate a local authority commissioner will also join the panel
2. An Expert Reviewer - see Specifications in the toolkit.
3. A Clinical Reviewer- see attached spec for Clinical advisor

### **Who is eligible for a CTR?**

The cohort of people identified for the first round of reviews commencing November 2014 are people with a learning disability of any age who are inpatient within:

- Low Secure bed
- CCG commissioned bed, which could be an assessment and treatment unit, or other rehab type bed.

Anyone with a clear discharge plan in place will be excluded. (NB there is an operational target that everyone admitted into inpatient services will have a discharge date allocated, by having a discharge date this does not mean there is a clear discharge plan, with a future provider, housing and support needs identified. Only people with a clear discharge plan will be excluded)

It is recognised that this will include a cohort who are on section 37/41, and NHS England will liaise with Ministry of Justice on this work, as this cohort are included as eligible for a Care & treatment Review (as long as they are in one of the above settings).

A target of reviewing 50% of this cohort by the end of March 2015 has been set to support the 50% discharge transfer ambition.

### **Key Questions in the Care and Treatment Review?**

About the Care & Treatment:

Is it safe?

Is it effective?

Is the person's experience of the care good?

Why does this care and treatment have to continue in hospital?

Is the person and their family involved in decisions about care and treatment as equal partners ?

What needs to happen to support discharge into the local community?

### **Are You Interested in being a Reviewer?**

If you are interested in becoming an Expert Reviewer then please contact Kate Linsky [kate@linsky.org.uk](mailto:kate@linsky.org.uk) 07918 766929

If you are interested in becoming a Clinical Reviewer then please contact Alison Sargeant via email [alison.sargeant1@nhs.net](mailto:alison.sargeant1@nhs.net)

For Further Information please contact Kevin Elliott via email [kevin.elliott@nhs.net](mailto:kevin.elliott@nhs.net) or phone 01138253501

## **APPENDIX ONE**

### **Care & Treatment Reviews Specifications for Expert Advisors**

## **Introduction**

A process for carrying out Care & Treatment reviews of people who are currently identified as being in assessment and treatment units for people with learning disabilities is being developed. The process for review is being led nationally by NHS England and will be commissioned locally by Clinical Commissioning Groups in England, and overseen by Regional Teams .

The reviews are to provide an assessment of somebody's care and treatment in an inpatient setting, to identify the factors that are preventing their timely discharge and to help to find ways of overcoming these:

The review will ask about people's care & treatment:

- Is it safe?
- Is it effective?
- Is their experience of the care good?
- Why does this care and treatment have to continue in hospital?
- Is the person and their family involved in decisions about care and treatment as equal partners ?
- What needs to happen to support discharge into the local community?

## **How Expert Advisors are recruited and supported**

NHS England want to work with individuals and organisations across the country to be able to recruit and support Expert Advisors who could contribute to the Care & Treatment Reviews.

We are building on the expertise & experience of CQC and the Improving Lives team existing Experts by Experience as well as more locally led Quality Checking initiatives, and advocacy groups who are working to support and promote person centred values for people with learning disabilities based on human rights and least restrictive practice.

We also want to establish a group of clinicians and professionals who can bring their particular experience and skills to the reviewing process; these include, psychiatrists, clinical psychologists, nurses and social workers.

The following role descriptions lay out the criteria for these different experts.

## **EXPERTS BY EXPERIENCE**

<b>About Expert by Experience role</b>
Role Summary

- To work alongside clinicians & commissioners carrying out the review of an individual's service
- To contribute another perspective that is informed by experience both personal and in the context of working with others to support people who present behavioural challenges in the community and to avoid hospital admission
- To enable more effective communication with service users and families and to enhance understanding of their views and experience
- To promote Equality, Diversity and Human Rights throughout their role.

**Main responsibilities**

- To be involved in reviews. A review for one person lasts one day.
- To follow the guidance for Expert Advisors.
- To use the Care & Treatment Review outline & framework as the tool for reviews
- To attend induction training and other specific training identified as part of the care & Treatment Review Programme.
- To follow the policy and procedures of NHS England, as well as the NHS England code of conduct & confidentiality agreement.
- To complete a review report highlighting key findings and recommendations on the day of the review with the commissioner who is lead for the review.

**Section 2 – How the Expert by Experience role works in practice**

The Care & Treatment Review national team is still developing its method of working based on experience being gained as the reviews are carried out.

Expert Advisors involved in reviews would usually need to:

- Talk to the review lead before the visit (usually on the phone);
- Make sure they are at the venue for the review on time

Take part in the review by

- Being part of the introductory meeting
- Interviewing staff & people & families – alone or with other review team members
- Being part of the feedback session at end of day
- Contributing to team feedback / debriefing to influence next stage of review
- Making notes or writing parts of the report (with assistance when needed), all of which is handed to the lead (Commissioner) at the end of the day.
- Completing feedback forms on being part of a review
- Discussing, & commenting on the report before it is completed.

The preparation, and visit is expected to take a maximum of 8 hours.

**Section 3 - What kinds of skills or experience we think an Expert by Experience needs**

What	What people will need to be able to do
Knowledge and experience	<ul style="list-style-type: none"> <li>▪ Bring personal experience of being a user or carer for someone who is a user of services for people who present significant behavioural challenges or mental health problems either as an inpatient or supported in the community (this may also include</li> </ul>

	<p>advocating for other families or people with learning disabilities)</p> <ul style="list-style-type: none"> <li>▪ Bring personal experience of working with services / commissioners / providers to enable discharge from hospital and / or support to live in the community</li> <li>▪ Understand and be committed to equal opportunities and diversity Have an understanding and experience of person centred approaches and how this should shape people’s care and support</li> <li>▪ Have an understanding about what good support looks like in the community</li> <li>▪ Have a broad understanding of what Positive Behavioural Support is.</li> </ul>
Skills	<ul style="list-style-type: none"> <li>▪ Ability to Communicate directly with people who use services and their families in a range of ways</li> <li>▪ Ability to contribute to compiling a report (with or without support)</li> <li>▪ Ability to keep information confidential</li> <li>▪ Ability to directly question issues and practices</li> <li>▪ Ability to recognise what good practices and services look like</li> </ul>
Personal attributes	<ul style="list-style-type: none"> <li>▪ To be reliable and punctual</li> <li>▪ To be flexible in approach and solution focussed.</li> <li>▪ To be able to reflect on findings and thoughts as part of a team</li> <li>▪ To be prepared to accept support in carrying out a thorough and focussed review and in reaching a shared</li> <li>▪ Experience as above</li> </ul>
Other important things	<ul style="list-style-type: none"> <li>▪ Ability to travel to reviews (with or without support)</li> <li>▪ Ability to use e mail, &amp; phone to communicate (with or without support)</li> <li>▪ Requirement to have a DBS check if not already in place</li> <li>▪ To be aware of any conflicts of interest and to make these known to the review co-ordinators before any reviews take place (immediate families of the expert may also have conflicts of interest that would affect the suitability of the expert to take part in reviews) Conflicts of interest may include: <ul style="list-style-type: none"> <li>- being employed by a private / independent hospital service provider</li> <li>- owning or having a financial interest in a private service provider</li> <li>- being related to or having a non-professional relationship (e.g. friendship) with the service user and /or their family</li> </ul> </li> </ul> <p>To understand and accept that conflicts of interest may make it inappropriate to take part in particular review</p>
<b>Section 4 - What payment or other support is available from NHS England</b>	

The Care & Treatment review wants to make sure all team members feel supported and are able to contribute fully.

We want to make sure that Experts contributing to reviews get the right support for them. This will need to be set up regionally through existing self advocacy or similar organisations who can provide an “Expert advisor “ hub. These hubs will recruit expert advisors, make sure they are inducted and trained and where needed logistical support for transport and any other support needs are met.

We have based our rates of pay on the CQC Acting Together Programme rates.

The rate of pay for an Expert taking part in a review work is £20 per hour.

Travel or accommodation expenses will be paid in addition if the Expert is travelling outside their immediate area.

We would expect to pay up to £20 per hour for support costs if someone is supported by an organisation.

We would expect someone’s supporter to assist them do their role before and at a review as well as offering the expert support to debrief or discuss any issues afterwards.

## **About the Clinical Advisors role**

### **Role Summary**

- To work alongside a an expert advisor & the local commissioner carrying out the review of individual’s service
- The clinical advisor role will be somebody with a professional health qualification, such as Occupational therapist, Nurse, psychologist, Doctor , speech and language therapist
- The Clinical advisor will be able to offer a different perspective to the existing team and will engage the local team, reviewee and their family in discussion to identify barriers to discharge and ways of unblocking these.
- Clinical advisors are expected to promote Equality, Diversity and Human Rights throughout their role.

### **Main responsibilities**

- To be involved in reviews. A review for one person lasts one day.
- To use the Care & Treatment Review outline & framework as the tool for reviews
- To attend induction training and other specific training identified as part of the care & Treatment Review Programme as necessary.
- To follow the policy and procedure of NHS England, as well as the NHS England code of conduct & confidentiality agreement.

- To support the Lead reviewer to complete a review report highlighting key findings and recommendations on the day of the review.

## Section 2 – How the Clinical Advisor role works in practice

The Care & Treatment Review national team is developing this work but we think Clinical Advisors involved in reviews would usually need to:

- Talk to the review lead before the visit (usually on the phone);
- Make sure they are at the venue for the review on time
- Receive and read the review materials and protocol

Take part in the review by

- Being part of the introductory meeting
- interviewing staff & the reviewee & families – alone or with other review team members
- Being part of the feedback session at end of day
- Contribute to team feedback / debrief to influence next stage of review
- Write own notes or part of the report, all of which is handed to the lead (Commissioner) at the end of the day.
- Discussing & commenting on the report before it is completed.

The preparation and visit is expected to take a maximum of 8 hours.

## Section 3 - What kinds of skills or experience we think a Clinical expert needs

What	What people will need to be able to do
Knowledge and experience	<ul style="list-style-type: none"> <li>▪ Have experience of community models of support for people with learning disabilities and/or autism who can present behaviours seen as challenging</li> <li>▪ Understand and operate within a person centred framework, and show that they have worked with people with learning disabilities and family carers as equal partners.</li> <li>▪ To have an understanding of, and commitment to, equal opportunities and diversity</li> <li>▪ Have an understanding of “co-production” and what this means</li> <li>▪ Understand what good looks like for people with learning disabilities and autism and why hospital admission is often counterproductive for people</li> <li>▪ Have an understanding about what good support looks</li> </ul>

	<p>like in the community</p> <ul style="list-style-type: none"> <li>▪ Have experience of setting up packages of community support for people with learning disabilities and/or autism seen as challenging, in partnership with the individual their family and other key partners</li> <li>▪ Have experience of avoiding admission to inpatient services for people with learning disabilities and/or autism who are seen as challenging,</li> </ul>
<p>Skills</p>	<ul style="list-style-type: none"> <li>▪ Ability to Communicate directly with people who use services and their families</li> <li>▪ Ability to challenge.</li> <li>▪ Ability to observe and notice things about the environment or how people interact</li> <li>▪ Understanding &amp; application of Information Governance policy</li> </ul>
<p>Personal attributes</p>	<ul style="list-style-type: none"> <li>▪ To be reliable, punctual and flexible</li> <li>▪ To believe that people with a learning disability and /or autism have the right to live an ordinary life in the community, and not live in a hospital or other segregated setting.</li> <li>▪ To be open to learning &amp; join in training and reflections sessions.</li> <li>▪ Ability and willingness to take responsibility for own physical &amp; mental health or seek support if needed</li> <li>▪ Ability to check out/sense check/ask for support where necessary ( via Review Lead or ILT buddy)</li> </ul>
<p>Other important things</p>	<ul style="list-style-type: none"> <li>▪ To be registered with the relevant regulating professional body and in good standing with their specialist professional organisation (e.g. BPS, RCPsych)</li> <li>▪ ability to travel to reviews (with or without support)</li> <li>▪ Able to use e mail, &amp; phone to communicate (with or without support)</li> <li>▪ Requirement to have a DBS check if not already in place</li> <li>▪ To be aware of any conflicts of interest and to make these known to the review co-ordinators before any reviews take place</li> </ul>

	<p>(immediate family members of the expert may also have conflicts of interest that would affect the suitability of the expert to take part in reviews)</p> <p>Conflicts of interest may include:</p> <ul style="list-style-type: none"><li>- being employed by a private / independent hospital service provider</li><li>- The review being carried out within own organisations inpatient services.</li><li>- owning or having a financial interest in a private service provider</li><li>- being related to or having a non-professional relationship (e.g. friendship) with the service user and /or their family</li></ul> <ul style="list-style-type: none"><li>▪ To understand and accept that conflicts of interest may make it inappropriate to take part in particular review</li></ul>
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**Section 4 - What payment or other support is available from NHS England**

Regional Teams will set up relevant contracts to reimburse clinical reviewers either directly or through their organisations- this will be a local arrangement