

Haringey Transforming Care Protocol for Children & Young People

1. Introduction

The aim of Transforming Care is to improve the lives of children, young people and adults with learning disabilities and/or autism who present with behaviours that challenge, including those with a mental health condition.

The programme has three key aims:

1. To improve the quality of care for people with a learning disability and/or autism
2. To improve the quality of life for people with a learning disability and/or autism
3. To enhance community capacity, thereby reducing inappropriate hospital admissions and length of stay

More information on Transforming Care can be found on the NHS England website [here](#).

A guide for families written by Bringing Us Together can be found [here](#).

The original Care and Treatment Review policy was published in October 2015 by NHS England, alongside 'Building the Right Support' and the 'New Service Model' as part of Transforming Care.

Following a consultation period in 2016, a new policy and guidance document was issued in March 2017. For the first time, this included a section for children and young people, and the explicit naming of education as a key part of this work. This led to Care, Education and Treatment Reviews (CETRs) for Children and Young People.

2. Care Education and Treatment Reviews (CETRs)

CETRs bring together those responsible for commissioning and procuring services with independent clinical opinion (Independent Clinical Experts) and the lived experience of people and families from diverse communities with learning disabilities, autism or both (Experts by Experience). The lead panel aim to review all existing evidence, reports and assessment as well as the views and experiences of the parent and carers and the young person themselves to ascertain whether or not all system resources have been maximised to support the young person to remain in the community.

The CETR aims to bring a person centred, individualised approach to ensuring the care, treatment and wider support needs of the person and their families are met, and that the barriers to progress are challenged and overcome.

CETRs are held on a three monthly basis for those deemed at risk of admission to hospital and/or placement breakdown due behavioural and/or mental health needs. However, if the situation changes a child young person, parent / carer or professional can ask for the review time to be brought forward.

CETRs, at their heart, have a set of principles that should always be upheld:

- Person centred and family centred
- Evidence based
- Rights led

- Seeing the whole person
- Open, independent and challenging
- Nothing about us without us
- Action focussed
- Living life in the community

Who does this policy cover?

The policy relates to children and young people up to the age of 18 with learning disabilities, autism or both who are facing potential admission to, or are patients in, a specialist learning disability or mental health hospital and who are the commissioning responsibility of NHS England or Haringey CCG.

Who does this policy not cover?

This policy does not cover all people with a learning disability or with ASD. Many children and young people known to SEN and/or Disabled Children's services will not require CETRs, and will live full and active lives in the community and/or in residential settings without being at risk of admittance to a learning disability or mental health hospital bed.

Factors such as being known to Youth Offending or presenting with significant behaviour that challenges may increase a child or young person's risk of admittance, but it does not mean that they will require a CETR purely on that basis.

Who convenes a CETR?

CETRs are convened by the responsible Health Commissioner. For children at risk of a potential admission, this is the children's lead commissioner for the CCG. For children and young people who are already admitted to a mental health hospital bed the lead commissioner will be from Specialised Commissioning at NHS England.

3. Identification of Children and Young People at Risk

In Haringey, children and young people may be identified as being at risk of a potential hospital admission through one the following Panels:

- Complex Care Panel
- Integrated Additional Services Panel (IASP)
- Special Educational Needs and Disabilities (SEND) Panel
- Mental Health Panel
- Transitions Panel

In addition, any professional can bring a child or young person directly to the attention of the Senior Care Coordinator for CYP Transforming Care or Children's Commissioner for the CCG if they are concerned that a young person is potentially at risk of admission. It is anticipated that in most cases, children and young people will be well known to services and are likely to be known to at least one, if not more, of the panels set out above.

If a young person is at immediate risk of admission, the CETR lead would seek consent, via the lead professional, from the parent / carer or young person to convene a CETR *and* to place them on the admission avoidance register. If the young person is not considered to be at immediate risk of admission consent would be sought to place the young person on the admission avoidance register.

4. Admission Avoidance Register (AAR)

The Admission Avoidance Register (AAR) is a register of all children and young people for whom there are concerns that their needs could escalate to the point of requiring a CETR/being admitted to a learning disability or mental health in-patient setting.

Factors that **may** place someone at risk of admission may include:

- Unstable untreated illness
- Previous history of admission
- Escalating significant behaviour that challenges
- Having no fixed address
- Having no effectively planned transition
- Those in receipt of Youth Offending Services
- Being supported in an unstable environment by a changing staff team, which may include educational and social care provisions

Increased proactive monitoring and escalation of concern/action of children and young people placed on the register may be triggered:

- Where someone is placing themselves or others at serious and or significant risk of harm
- Where the individual's community placement or tenancy is at risk of irretrievable breakdown, and where this would pose a significant risk to the safety of the person and or others
- Where hospital admission is being considered as an option
- Where people have had an unplanned hospital admission or been managed by a crisis team to prevent a hospital admission in the last year.

Young People who have previously had a Tier 4 admission

Children and young people who have been discharged from Tier 4 placements, and will have had In-Patient CETRs will automatically be considered for placement on the Admission Avoidance Register. The responsible clinician or lead professional may seek consent from the young person or parent(s)/carer(s) at the point of discharge to be placed on the AAR. The aim is to keep an oversight of their wellbeing and the support they are receiving to ensure that they are able to remain in the community and do not return to an in-patient setting.

Consent

In order for a child or young person to be included on the Admission Avoidance Register (AAR), they, or their parent/carer/guardian (either because of their age or because they have been assessed as lacking capacity) must have given their consent to be placed on the register which is held securely by the CCG.

Consent must be sought for a young person to be placed on the AAR and this consent must be updated annually.

The lead professional, who may be a social worker, care coordinator or responsible clinician, may be best placed to seek consent.

Consent forms are available from Declan.Gahan1@nhs.net or alternatively Kathryn.Collin1@nhs.net

The consent form will need to be completed and returned to the Children's Health Commissioning Team who will securely save it to file.

Monitoring of Admission Avoidance Register (AAR)

Once on the Admission Avoidance Register (AAR), the risk of the child or young person's risk of admission will be rated as Red, Amber or Green.

If the risk is rated as RED, then a Community CETR will need to take place within 4 weeks of being identified as high risk.

- Red
 - The child or young person is at immediate risk of being admitted to hospital; they are presenting with behavioural and/or mental health needs to the extent whereby they are unable to be effectively supported by the existing community services
 - The child or young person is placing themselves and/or others at serious and/or significant risk of harm due their behavioural and/or mental health needs
 - The child or young person has had a recent unplanned hospital admission (excluding admission for physical health)
 - The child or young person has been managed by a crisis team or similar to avoid a recent hospital admission
 - All possible options to support in the community have been exhausted and deemed insufficient to safely meet the young person's behavioural and/or mental health needs
- Amber
 - The child or young person is presenting with behavioural and/or mental health needs which existing services are struggling to support; these behaviours are at such a stage that with a Team Around the Child (TAC) meeting, or a multi-agency review of their current services, they are likely to be able to be supported
 - The child or young person is living in the community (either at home or in a foster placement) but presenting with behaviour that challenges that 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 to meet behavioural and/or mental health needs
- Green
 - The child or young person has previously admitted to a learning disability or mental health inpatient setting, but is currently is being effectively supported in the community or a residential placement

CYP placed in Residential Educational Setting

Haringey education department will hold a list of all children and young people who are in an education setting; children placed in these settings may never require a CETR, but given the complex nature of their needs they may be at higher risk than others.

This education list is kept with the SEND team. If any young person placed in an education setting is at risk of a change of placement / placement breakdown due to concerns relating to their behavioural and/or mental health needs or if the education provider considers that they are no longer able to meet the child's needs, this may be an indicator for placement on the Admission Avoidance Register.

In order to ensure multi-agency oversight of the Admission Avoidance Register, information will be brought to each Complex Care Panel; this is to provide any updates to the relevant services and allow for discussion where the status has changed.

The Admission Avoidance Register and the Residential Education List will be monitored at a monthly meeting, attended by representatives from each department. This meeting will review who is on the Admission Avoidance Register, those in Education placements, and those in Tier 4 placements.

5. Community CETR Request

Parent/Carer or CYP requests CETR

Anyone can request a CETR; it is likely, although not a given, that the child or young person will be on the Admission Avoidance Register. If they are, then they should be in receipt of services which have been working to keep them in the community and reduce their risk of admission. If a community CETR is required, it may be that this support is not working, or that something has broken down.

A child or young person may not be on the Admission Avoidance Register if they or their parent/carers have not given their consent to be on the Register.

Consent is required for a CETR to take place. If we do not have that explicit consent, then a CETR cannot take place, and other options and processes will need to be explored.

It may be that there is no time to conduct a CETR if the child or young person is at such high risk that the responsible clinician deems it in their best interest that the child or young person is admitted to an acute mental health facility. In this instance, a CETR led by NHS England will need to take place within two weeks of admission.

If a parent/carers or young person requests a CETR, then they will need to speak to their Social Worker or the lead health professional responsible for their care. The Social Worker or Health Professional should speak to the family and/or young person to understand the reasons behind the request for a CETR. They should also:

- Identify key concerns
- Consult with other stakeholders

- Resolve any issues that do not require a CETR process
- Act on any safeguarding issues
- Escalate any safety or quality concerns as per standard procedures

The key question to ask at this stage is whether the child or young person is at risk of admission to a specialist learning disability or mental health inpatient unit. If this is not the case, then a CETR is not required (although it may be that they require one in the future if their needs escalate).

Other Assessments and Processes

It is important to note that the Transforming Care Process is not a statutory process.

If it has been identified that a CETR is required, the next step is to know if there are any other assessments, reviews or processes about to start or currently ongoing.

Children and Young People who are on the Admission Avoidance Register are likely to be known to existing teams or services already (but not always).

They are also likely to have been assessed by, or be in the process for assessment for any of these services. Being on the Admission Avoidance Register should not interfere with these assessments, or any plans which are put in place as a result.

If the child or young person is not already known to these teams or services then the CETR process may trigger an assessment.

The aim of the below is to reduce duplication of meetings/reviews and assessments. Priority should be given to keeping the child or young person safe, with the aim of them remaining in the community.

Each case should be considered individually, with the best interests of the child or young person being at the centre of decision-making.

Education, Health and Care Plan (EHCP)

If an EHCP is in development or going through review, then the two processes can be linked in order to avoid duplication. Due to both processes requiring a multi-disciplinary and person-centred approach, then the meeting can serve two purposes of feeding into the development or review of the EHCP, and also addressing the concern of admission to hospital. The actions and outcomes can feed into the EHCP, as well as providing a framework for action to keep the child or young person out of hospital.

SEND and CCG leads for EHCPs and CETRs respectively should discuss and agree the best way to proceed with the EHCP and CETR processes including who will chair the review.

If a child or young person has an EHCP that is not due to be reviewed at the time of the CETR request, then the SEN Keyworker, and someone from the child's education setting, should still be invited to the CETR.

Disabled Children's Team

If a child or young person is going through an assessment or review with the Disabled Children's Team, then these meetings can be combined to meet the needs of both the Disabled Children's Team requirements and the CETR requirements. Both approaches should be considering a person-centred approach which supports the child or young person in the community, and therefore complement each other. The actions from any multi-disciplinary meeting can feed into both the CETR documentation, and the Disabled Children's Team processes.

The Disabled Children's Team lead and CCG lead for CETR should discuss the best way to proceed with the Disabled Children's Team's assessment and review and the CETR processes, and a joint decision will be made as to how to move forward.

It can be decided by the CCG lead for CETR and the Disabled Children's Team lead as to who will chair the review.

If a child or young person has a support plan but it is not being reviewed at the time of the CETR request, then the social worker should still be invited to the CETR.

Child Protection and Safeguarding

There can be occasions whereby there is a need to raise a safeguarding alert for a child or young person at the same time a community CETR has been requested. As soon as this need arises, the Social Worker should tell the Chair of the CETR prior to the CETR taking place. It can then be determined by professionals whether to pursue the CETR at that point, as the safeguarding process will take precedent.

The decision as to whether to pursue the CETR at this point will need to be made on a case by case basis. Some of the questions that need to be considered are:

- Is the child or young person at such risk that they are being considered for a Care Order?
- Will other MDT meetings be taking place?
- Where are we in the child protection/safeguarding process?

The consideration should always be around how do we keep the child or young person safe and well. Haringey's children's processes should have a focus on being person-centred and focussing on the outcomes for the young person, and therefore do not always need to happen in a linear way.

Contact Haringey CCG to discuss a CETR

You need to email Declan.Gahan1@nhs.net or alternatively Kathryn.Collin1@nhs.net for a Community CETR to take place, following discussion and agreement with both the referring professional and any other relevant professionals involved in the case.

The CCG will check the young person, or their parent/carer or guardian has given informed consent for the CETR to take place. If informed consent has not been provided the CETR cannot take place.

The CCG will organise a date for the CETR to take place. Where possible this will need to be within 4 weeks of the CETR being requested, given the level of risk at this stage.

Professionals involved in the case should, prior to the CETR, be ensuring that the family is getting any support necessary to keep the situation stable in the interim.

Further detail as to what happens prior, during and post CETRs are detailed in the [Care and Treatments Reviews \(CTRs\): Policy and Guidance](#) published by NHS England.

Following a Community CETR

An action plan will be developed using the NHS England template for CETRs. The action plan will be uploaded to LCS (by the Social Worker) and/or RIO (by the lead health professional). It should not be uploaded onto the School's system.

The action plan is owned by the CCG, but each person is responsible for their identified actions in the CETR and will be expected to complete their actions by the next meeting.

CETRs for children and young people deemed at risk will take place every 3 months as necessary, although these can be more frequent if there are concerns; any member of the CETR meeting can request this, and a decision will be made by the CCG, following conversations with other members of the CETR.

The social worker, lead health professional and/or the SEN key worker should ensure that that the young person and their family are kept up to date with decisions and progress around care, treatment and/or education as appropriate.

6. Emergency Procedure

It may be that the child or young person's needs have escalated to a point and within a timescale that means that there is no time to organise a community CETR.

CETRs are not to be used to delay admission to hospital, and they are not a decision-making body with regards whether the young person needs to be admitted or not; this decision will be made by the responsible clinician for that child or young person.

If there is no time to convene a CETR, the social worker, health professional or SEN key worker raising the concern must contact the CCG to let them know about the situation.

The child or young person will have a CETR within 2 weeks of being admitted to hospital if there has been no Community CETR; this will be organised by NHS England, who will liaise with the CCG from the child or young person's local area.

Post-admission and In-patient CETRs

If a child or young person is admitted to a learning disability or mental health in-patient setting, then a post-admission CETR will need to take place within 2 weeks of admission. The child or young person will have CETRs every 3 months whilst they are an in-patient; again, these CETRs are not decision-making bodies, and the decision to discharge the child or young person will be made by the responsible clinician.

Post-admission and in-patient CETRs are the responsibility of NHS England. However, representatives from the child or young person's local area should be present to ensure there is robust planning following discharge from hospital.

Transitions

When a young person reaches the age of 16, any CETR that is convened for them should include someone from the appropriate adults' team, and the relevant commissioner for adults.

If a young person is on the Admission Avoidance Register at the age of 17 or 18, then when we request consent for them to be on the Admission Avoidance Register we must also request consent for them to be on the Adult version of the Admission Avoidance Register, which if in operation, will be a separately held register. This can be discussed further with Declan.Gahan1@nhs.net or alternatively Kathryn.Collin1@nhs.net