



Care, Education and Treatment Reviews for children and young people

Code and Toolkit

**A guide for commissioners, panel members
and people who provide support**

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Cross Reference

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Contents

Foreword	4
Introduction.....	6
Section 1: CETR Principles.....	8
Section 2: CETR Standards.....	10
Section 3: The Standards in practice.....	14
Section 4: CETR Experts by Experience and Clinical Experts: Role Descriptors.....	31
Section 5: Documents to be prepared for the panel.....	38
Section 6: Planning a CETR, Commissioner checklist.....	40
Section 7: Model CETR Agenda	42
Section 8: Provider Checklist.....	44
Section 9: The Role of the Chair	49
Section 10: Hospital discharge – steps and standards	51

Foreword

As parent carers with lived experience we are really pleased to be part of the reworking of the Care, Education and Treatment Review (CETR) process for children and young people. We know that a lot of work went into seeking the views of families and children and young people on the current process. We listened to the detailed feedback and considered how best to respond to it with NHS England and the Department for Education. The new policy and standards for children and young people have been coproduced with those experiences at the heart of the changes.

We fully acknowledge the difficulties for families through all of this and the need for them to be asked, informed and involved. Many of the issues they had raised would be greatly improved with more open and regular communication from the start. Therefore we wanted to ensure the refreshed process has the child or young person and family at the heart of it. We have sought to do this in a number of ways.

We know how vital early intervention and support is to meet the needs of children and young people, some of whom have very complex needs. Getting this right is the key to preventing the type of crisis that often results in children ending up in assessment and treatment units and we all owe it to children and their families to get this right.

We wanted to acknowledge that all children and young people are entitled to education and so a name change was agreed from Care and Treatment Reviews to Care, Education and Treatment Reviews for children and young people. The expectation is therefore clear from the outset that these are children too and everyone should have the same expectations for them as for all children and young people. That is also reflected in the principles and overall approach which are grounded in the policy, principles and law that underpins the Children and Families Act 2014.

We recognise the challenges that can arise from different organisations at different levels needing to work together for the good of the child or young person and their family across education, health, care, including for transition to adulthood. We wanted the refreshed process to support greater shared ownership and responsibility to ensure all the needs of the child or young person are addressed and good outcomes achieved. This includes the education, health and other needs as well as those of the family.

We also want the process to be child and young person centred and not just to be a bureaucratic process. Therefore we asked if child and young person centred planning could be introduced at the start. This then focusses not on problems and paperwork but on the child or young person, who they are, what they are good at and what they struggle with. That should be the focus of planning and discussion during CETR and ensure that is not lost sight of.

We want children and young people who have CETR to have the same aspirations and life outcomes as all children and young people. We hope the lines of questioning in the CETR on the day (and in the final report) reflect this. National law and policy requires that these children and young people have a voice and have the right support and help at the right time to have a really good and positive life like everyone else.

We therefore commend the refreshed CETR Policy, Standards, and Code to you and we hope that it makes a really positive difference to children and young people and their families without a fight but as a basic human right.



Mary Busk

Parent carer representative
National Network of Parent Carer Forums



Ian Penfold

Parent carer representative
Bringing Us Together

Introduction

The purpose of the Care, Education and Treatment Review (CETR) Code and Toolkit

The main purpose of the CETR Code and Toolkit is to provide a solid framework for CETR in order for them to be delivered to a consistently high standard across England.

The refresh undertaken in March 2017 of the Care and Treatment Review Policy added a specific annex policy in relation to children and young people. A significant change to the process for children and young people is that reviews are now called Care, Education and Treatment Reviews to better reflect the essential role that education plays in the lives of children and young people.

The CETR Code and Toolkit is primarily designed for people who attend CETR in a professional capacity but is of use to anybody who needs to understand the 'rules' of a CETR. There are two easy read booklets, **"My Care and Treatment Review"** and **"My CTR Planner"** booklets which are specifically designed for the person whose care is being reviewed. The booklets can be found here: www.england.nhs.uk/ctr

Whilst much of the content of these standards is similar to those for adults, there are some specific additions in relation to children and young people, to assist those planning, supporting, and undertaking CETR.

The toolkit is intended to offer practical support to people who are planning CETR, with a checklist for commissioners and providers to use.

The CETR policy includes a set of Discharge Standards and Steps to help commissioners and all involved navigate through the discharge process, to provide tips, helpful links and a stepped guide, as well as to enable a better experience of involvement for children, young people and their families. The discharge standards and steps are at the back of this document.

Throughout this document, wherever 'parent carers' are referred to, this also includes anyone with Parental Responsibility.

Care, Education and Treatment Reviews

CETR are focused on those children and young people who either have been, or may be about to be admitted to a specialist mental health / learning disability hospital either in the NHS or in the independent sector.

CETR bring together those responsible for commissioning and providing services (this will include nurses, social workers, education, commissioners and other health, education and social care professionals alongside strategic commissioners where appropriate) with independent clinical opinion and the lived experience of children and young people and families from diverse communities with learning disabilities, autism or both.

CETR are driven by the NHS but the involvement of local authorities and education services in the CETR process and its outcomes is integral to improving care, education and treatment for children and young people with learning disabilities, autism or both and their families.

The 'spirit' in which CETR reviews are carried out is paramount and is rooted in principles of human rights, child and young person-centeredness and co-production. To this end, these principles and standards were produced in response to the CTR Policy Engagement exercise undertaken during Autumn 2016.

The principles and standards are designed to ensure that all children and young people who have a CETR have a consistent quality CETR experience leading to an effective review of their care, education and treatment.

These standards support the implementation of the CETR Policy (which is important to read alongside the Code and Toolkit), in the community and in hospital, with criteria that details best practice. Panel members need to familiarise themselves with the principles and standards, and hold each other to account for delivery against them. The standards will form the basis for quality assurance activity.

Key Lines of Enquiry

In common with the approach taken by the Care Quality Commission, the CETR policy will use Key Lines of Enquiry (KLOE) to guide and structure the review process.

Each KLOE consists of a key question followed by examples of probe questions that reviewers can use to explore and gather information on the issue under discussion. Each KLOE will also suggest sources of evidence that the team might look for or ask to be provided to substantiate their findings.

The Key Lines of Enquiry will provide information and evidence to enable a summary and feedback for the child or young person that says:

Am I safe?

What is my current care like?

Is there a plan in place for my future?

Do I need to be in hospital for my care and treatment?

The 12 KLOEs that a CETR seeks to address are:

1. Key areas of concern
2. Does the child or young person need to be in hospital?
3. Is the child or young person receiving the right care, education and treatment?
4. Is the child or young person being involved in their care, education and treatment?
5. Are the child or young person's health needs known and met?
6. The right use of medication?
7. Clear, safe and positive approach to risk?
8. Are any autism needs being met?
9. Is there active planning for the future, including discharge from hospital?
10. Are parent carers, family members and other carers involved?
11. Are any specific issues for children or young people being addressed?
12. Are the child or young person's rights being upheld?

Section 1

THE PERSONAL PRINCIPLES OF CARE AND TREATMENT REVIEWS

At its core the CETR has a set of principles based around the word PERSONAL which the CETR panel should always uphold. Panel members each have an equal role in making sure these principles are followed:

1. **C**hild and **Y**oung **P**erson centred and family centred
2. **E**vidence based
3. **R**ights led
4. **S**eeing the whole person
5. **O**pen, independent and challenging
6. **N**othing about us without us
7. **A**ction focused
8. **L**iving life in the Community

1. Child and young person centred and family centred

The child or young person and their family should be at the centre of the CETR. The CETR checks that the people who provide the child or young person's care are working in a child and young person and family centred way. That children and young people and their families get all the information and support they need to have an active part in the CETR before, during and after in the way that works best for the child or young person and their family.

2. Evidence based

The CETR Panel should all be able to see and hear information to help them understand what is working or not working about the child or young person's care. The panel will check that care is carried out to a high standard. This is so they can decide with the child or young person, their families and others if anything needs to change or get better.

3. Rights led

The child or young person has the right to be treated as an equal in their CETR and to have all the support they need to take part. The CETR should uphold the child or young person's rights. Rights that ought to be considered are choice, contact with family, independent advocacy and being able to say what one thinks. Other rights are being treated well, having a good quality of life and being respected for one's personal life and beliefs.

4. Seeing the whole person

A CETR is not just about a child or young person's mental health or how they behave. A CETR is holistic and sees the whole child or young person. Their quality of life, likes, dislikes, choices, aspirations, hopes, fears and understanding what is important to them, and for them. In particular considering how children and young people who may be admitted to hospital are able to maintain their relationships and contact with their parents, siblings, other family members, school, and local community. The CETR will strive to ensure that care and education is delivered in a way that is culturally sensitive to the child or young person.

5. Open, independent and challenging

Each person on the CETR panel can say if something does not seem right about the child or young person's care or education. They can ask questions and say if something needs to change. The CETR panel will make recommendations to improve the care and education the child or young person receives – this is called an action. Actions will go into the CETR report that is agreed by the panel at the end of the CETR.

6. Nothing about us without us

The child or young person, their parent carers and family members should be fully involved in the CETR. From giving consent, to getting ready, taking part, getting a copy of the CETR report and knowing what is happening afterwards. The CETR report should also be written in words the child or young person will understand.

7. Action focused

After the meeting, the CETR report should have clear actions. Actions are things that need to be done. The actions should be easy to understand. The report will say who needs to do each action and when it should happen by. The actions should improve the care or education the child or young person receives now and in the future. The commissioner will check these things are happening and that the child or young person and their family knows the reason if any action cannot be carried out on time.

8. Living life in the community

CETRs are about what is needed to help children and young people live well in their communities. When someone is in hospital, a CETR will ask if they need to be there, or if their care can be provided safely in the community. It will also look at how children and young people are supported to access the community while they are in hospital. The CETR will check there are good plans in place to keep the child or young person safe in the community. The CETR will also check that the plans give the child or young person the chance to lead as full and independent a life as possible.

Section 2

Care, Education and Treatment Review Standards

Principle 1. Child or young person centred and family centred

Standard 1.1 The child or young person and their parent carers will be given information about the Care, Education and Treatment Review in advance.

Standard 1.2. Before a CETR, the responsible commissioner will ensure the young person, or the child and their parent carers has given consent or if the young person lacks capacity, that a Best Interests decision has been made.¹

Standard 1.3 The child, young person and their parent carers will be supported to get ready for the CETR using the “My Care and Treatment Review” and “My CTR Planner” booklets.

Standard 1.4 Reasonable adjustments should be made to the CETR process to ensure that the child or young person is fully involved and able to participate as they wish.

Standard 1.5 The panel will make time available to meet separately with the child or young person and their parent carers. This could be meeting them all together or separately according to the child or young person’s wishes.

Standard 1.6 Following a CETR the child or young person and their parent carers are supported to understand what will happen next.

Principle 2. Evidence based

Standard 2.1 CETR use a standardised, structured approach to the review of a child or young person’s care by using specifically designed Key Lines of Enquiry (KLOE).

Standard 2.2 The CETR will look for evidence to support its findings and note these on the KLOE template.

Standards 2.3 Specifically the CETR will look for evidence that clinical and best practice guidance has been followed; this will be recorded on the KLOE template.

Standard 2.4 Information to help answer the KLOEs will be gathered together before the CETR takes place.

Principle 3. Rights led

Standard 3.1 Where there is concern that the child or young person’s human rights or their rights under the UN Convention of the Rights of the Child may not be being upheld appropriately this will be identified on the KLOE template and relevant action taken.

Standard 3.2 CETR will ask about the provision of independent advocacy for the child or young person.

Standard 3.3 The CETR will ask about legal representation for the child or young person (for example, at tribunals).

¹ Mental Capacity Act, 2005

Principle 4. Seeing the whole child or young person

Standard 4.1 Each CETR should take around a day to complete.

Standard 4.2 The CETR will include the people who are important to the child or young person being reviewed.

Standard 4.3 People who are, or will be, supporting the child or young person should be part of the CETR – including social care and education representation.

Standard 4.4 The review will ask about physical health, mental health and general wellbeing.

Standard 4.5 The review will ask about how a child or young person will maintain their education if they are admitted to hospital.

Standard 4.6 The review will ask about how children and young people maintain their contact with their families and local community if they are likely to be, or are admitted to hospital.

Standard 4.7 The review will ask about whether there are any periods of transition (e.g. school transition or transition to adulthood) in the child or young person's life that need to be considered.

Principle 5. Open, independent and challenging

Standard 5.1 The review panel is three people and will include: Chair – the child or young person's commissioner; and two independent advisers – an expert by experience and a clinical expert.

Standard 5.2 The chair should be able to demonstrate that they have worked in partnership with panel members including agreement on the content of the report.

Standard 5.3 The CETR panel will ensure that they have provided basic information about themselves to the child or young person (for example, name and photograph) and introduced themselves fully when they meet the child or young person and their parent carers.

Standard 5.4 Where a CETR panel does not reach agreement, the differing opinions will be noted in the KLOE template.

Standard 5.5 The chair will ensure at the beginning that everybody who takes part knows what a CETR is about.

Standard 5.6 The review team will have completed Care and Treatment Review Training.

Standard 5.7 The panel members will declare if they have any conflicts of interest.

Standard 5.8 The CETR will ensure that the reasons for and the expected outcomes of, an admission/ continued admission are clearly recorded.

Standard 5.9 The CETR will question aspects of care, education and treatment that are not consistent with good practice or evidence based guidelines.

Standard 5.10 The CETR will keep asking whether the child or young person's care, education and treatment could be delivered in a non-hospital setting.

Standard 5.11 A follow up CETR will always check why any actions previously agreed have not been carried out.

Principle 6. Nothing about us without us

Standard 6.1 Every child or young person will be supported to fully engage in their own CETR considering how the child or young person is supported to use their preferred method and/or tools of communication.

Standard 6.2 At the CETR a person will be identified who will communicate the progress on actions to the child or young person and their parent carers following the CETR.

Standard 6.3 Following the CETR, the commissioner will write a report about the review in words that all involved can understand. The commissioner will make sure the child or young person, their parent carers and others who need a copy get the report within two weeks.

Principle 7. Action based

Standard 7.1 CETRs check to see that the child or young person is safe. When a CETR finds that a child or young person may not be safe, the chair will discuss this with the child or young person and their parent carers and family, record the concern on the KLOE template and raise concerns to the relevant authority or agency.

Standard 7.2 The CETR will identify gaps in the child or young person's care, education and treatment and make SMART² recommendations to address these gaps in order to ensure appropriate treatment and discharge plans are in place.

Standard 7.3 The child or young person's CPA care coordinator will make sure that the outcome of the CETR is reflected in the CPA care plan and will be followed through within the CPA process.

Standard 7.4 The outcomes of the CETR will identify the named individuals in the child or young person's care team who will make sure the CETR recommendations are embedded in other relevant assessment and planning processes along with clear timescales, for example Education Health and Care Assessments or Plans; Children in Need plans, Looked after Children (Child in Care) plans, risk assessments, etc.

Standard 7.5 CETRs will identify whether long term planning to support discharge (e.g. housing or where bespoke care packages may be required) is being considered and planned for at the earliest opportunity including the engagement of competent service providers.

Standard 7.6 The commissioner is accountable for follow up after a CETR and ensuring recommended actions are being carried out on time. Where actions are not carried out, the commissioner will explain to the child or young person and their parent carers why this is.

Principle 8. Living life in the community

Standard 8.1 A record of the reasons the child or young person's care, education and treatment can't be carried out in the community will be made on the KLOE, where this is the outcome of a CETR.

² SMART Recommendations mean that the recommendations should be:

Specific	What exactly should happen and the name of the person responsible for ensuring that it is carried out.
Measurable	How will people know if the recommendation has been implemented satisfactorily?
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 or capabilities of the individuals named.
Time-framed	There should be a specific stated date by which the recommendation is to have been implemented or reviewed.)

Standard 8.2 The CETR will look for evidence of up to date, positive and proactive risk assessment and risk management plans that address the safety of the child or young person and of others now and in the future.

Standard 8.3 The CETR will enquire about the child or young person's circle of support and how the child or young person is being enabled to be part of their local community

Section 3

The Standards in Practice

Principle 1. Child or young person centred and family centred

Standard 1.1 The child or young person, and their parent carers will be given information about the Care, Education and Treatment Review in advance.

Criteria

- 1.1.1 The child or young person, and their parent carers will receive adequate notice of the CETR
- 1.1.2 This will be done in writing and adjusted to the needs of the child or young person and their parent carers, with telephone contact to back this up if needed
- 1.1.3 The child or young person or their parent carers will have the opportunity to change the date of the CETR if the proposed date is not convenient for them
- 1.1.4 Consideration will be given to enabling and supporting the attendance of parent carers and family members if attendance requires travel beyond a reasonable local boundary.

Standard 1.2 Before a CETR, the responsible commissioner will ensure that for a child, their parent carers have given consent, or if the young person lacks capacity, that a Best Interests decision has been made.

Criteria

- 1.2.1 The commissioner is responsible for ensuring that the young persons capacity to consent is assessed, this can be delegated to a hospital or community provider. Consent should be documented on the NHS England CTR consent form.
- 1.2.2 Where the young person does not have capacity to consent, then a Best Interests decision must be made about the CETR taking place in line with the Mental Capacity Act.
- 1.2.3 It must be made clear to the young person, or to parent carers, that if they do not give consent to a CETR, it will not have any adverse effect on their child's day to day care.

Standard 1.3 The child or young person and their parent carers will be supported to get ready for the CETR using the “My Care and Treatment Review” and “My CTR Planner” booklets.

Criteria

- 1.3.1 The child or young person and their parent carers should be supported to access and understand the **My Care and Treatment Review** and the **MY CTR Planner** booklets which support the child or young person with preparing for their CETR. The planner includes an accessible consent form, CTR planning document, feedback form and a template for recording actions in the way the child or young person finds helpful. Or consideration will be given to ensuring alternative appropriate information is provided for children and young people.
- 1.3.2 The commissioner or provider will spend time with the child or young person and their parent carers to prepare with these documents (or alternatives) for their CETR.
- 1.3.3 The child or young person and their parent carers will be supported to go through their last CETR and CPA to help understand what progress has or hasn't been made.

Standard 1.4 Reasonable adjustments should be made to the CETR process to ensure that the child or young person is fully involved and able to participate as they wish.

Criteria

- 1.4.1 Before the CETR, the chair will ensure that the panel have a full understanding of what reasonable adjustments need to be made to ensure that the child or young person can be fully engaged with the CETR process.
- 1.4.2 Where a child or young person (or their parent carer) wishes to have a CETR but does not want to be present, they should be supported to let the panel know what their views are and what they want to happen. This could be in a written document they are supported to write (see 1.3.1) or they could be supported to make a video of themselves to share with the panel.
- 1.4.3 Reasonable adjustments made to the CETR process should be documented and could include:
 - Ensuring that all communications are in line with the child or young person's wishes and communication passport
 - That regular breaks are planned in
 - Ensuring that the room is free from noise
 - That a supporter attends to support an expert by experience panel member where required
 - That the CETR is broken down to take place over more than one day
 - That interpreters will be made available to support the child, young person and / or parent carers when necessary

Standard 1.5 The panel will make time available to meet separately with the child or young person and their parent carers. This could be meeting them all together or separately according to the child or young person's wishes.

Criteria

- 1.5.1 The chair should ensure that there is a mutually convenient time planned for meeting with the child or young person and their parent carers. If parent carers cannot attend but wishes to participate, a mutually convenient time will be arranged to telephone them.
- 1.5.2 A child or young person centred approach should be taken with regard to how many of the panel meet with the child or young person and their parent carers, where and for how long.
- 1.5.3 All panel members should be willing to share basic, non-sensitive information about themselves when they first meet the person. This is to reduce any sense that the child or young person is there to be questioned by people they do not know and to act as an 'ice-breaker'.

Standard 1.6 Following a CETR the child or young person and their parent carers are supported to understand what will happen next.

Criteria

- 1.6.1 The child or young person and their parent carers should be offered verbal feedback at the end of the CETR. This could be through attending the closing meeting of the CETR
- 1.6.2 The child (where appropriate) or young person and their parent carers should be given a copy of the CETR document once it is completed.
- 1.6.3 The commissioner and the provider will work together to ensure that the actions from the CETR are embedded within the child or young person's CPA plan and followed through.
- 1.6.4 The commissioner may request the provider to give the child or young person and the parent carer, regular updates on progress against action points.

Principle 2. Evidence based

Standard 2.1 CETR use a standardised, structured approach to the review of a child or young person's care by using specifically designed Key Lines of Enquiry (KLOE).

Criteria

- 2.1.1 The commissioner will use the NHS England CETR KLOE template.
- 2.1.2 The commissioner will support the panel members to use the prompt questions to seek the evidence they need to establish whether each KLOE is being achieved.

Standard 2.2 The CETR will look for evidence to support its findings and note these on the KLOE template.

Criteria

- 2.2.1 The commissioner will ensure that the CETR findings are based in evidence and assurance rather than reassurance.
- 2.2.2 The panel will have access to contemporaneous documentary evidence of the assessments, the care planned and the care delivered.
- 2.2.3 The panel will cross reference those documents. For example; if an activity planner shows a therapy session occurring on a Tuesday morning then the panel will review the progress notes to ensure that the session took place as planned and how the session went.

Standards 2.3 Specifically the CETR will look for evidence that clinical and best practice guidance has been followed, this will be recorded on the template.

Criteria

- 2.3.1 As appropriate, the panel will review whether the appropriate NICE guidance below is being followed.

NICE Guidance related to people with a learning disability can be found here

<https://www.nice.org.uk/guidance/population-groups/people-with-learning-disabilities>

NICE Guidance related to people with autism can be found here

<https://www.nice.org.uk/guidance/qs51>

NICE Guidance on Autism Spectrum Disorders in under 19s can be found here

<https://www.nice.org.uk/guidance/cg170/chapter/1-recommendations>

NICE Guidance on challenging behaviour and learning disabilities; prevention and interventions for people with learning disabilities whose behaviour challenges

<https://www.nice.org.uk/guidance/nh11>

- 2.3.2 The clinical expert will support the panel to understand whether best practice and NICE guidance is being followed and that NICE guidance is adhered to in the clinical records.
- 2.3.3 The provider should ensure there is a paper copy of the relevant NICE guidance available if the CETR is taking place where there is no internet access.

Standard 2.4 Information to help answer the KLOEs will be gathered together before the CETR takes place.

Criteria

- 2.4.1 The commissioner (for a community CETR) or the provider (for an inpatient CETR) will ensure that all the necessary information is collated and ready for the panel's arrival. A checklist of necessary documents is at Section 5.

Principle 3. Rights led

Standard 3.1 Where there is concern that the child or young person's human rights or their rights under the UN Convention of the Rights of the Child may not be being upheld appropriately this will be identified on the KLOE template and relevant action taken.

Criteria

- 3.1.1 The panel will discuss whether there is insufficient evidence that a child or young person is having their human rights upheld.
- 3.1.2 Panel members should then document their concerns that a child or young person may not be having their human rights upheld and will make appropriate recommendations.
- 3.1.3 Panel members should assure themselves that the care team respect the whole person, including their cultural identity as defined by the child or young person and not by others.

A human rights based approach

Taking a human rights based approach is about integrating the principles of human rights into policy and decision making.

The PANEL principles underlying a human rights based approach are:

- Participation – children and young people take part in decision making and have a voice.
- Accountability – organisations and people need to be more accountable for realising human rights.
- Non-discrimination – everyone has the same rights (regardless of their ethnicity, gender, income, religion, disability for example).
- Empowerment – to give the power to children and young people to know and claim their right in order to make a difference.
- Legality – to make sure all decisions answer to human rights legal standards

(UNESCO 2006)

The British Institute of Human Rights has lots more useful information that can be found here

<https://www.bih.org.uk>

For more information on the United Nation Convention on the Rights of the Child (UNCRC) visit

<https://www.unicef.org.uk/what-we-d/-/un-convention-child-rights/>

Standard 3.2 The CETR will ask about the provision of independent advocacy for the child or young person.

Criteria

- 3.2.1 The panel will document whether the child or young person has an independent advocate to support them.
- 3.2.2 If the child or young person does not have an advocate, the panel will consider whether there is evidence to support that the child or young person could benefit from having an advocate and if so, make an appropriate recommendation.
- 3.2.3 The commissioner should seek to understand from the service provider how effective the advocacy service is and when a child or young person lacks consent assure themselves that the advocates available to the child or young person have a good understanding of non-instructed advocacy.

Standard 3.3 The CETR will ask about legal representation for the child or young person (for example, at tribunals).

Criteria

- 3.3.1 The panel will document whether the child or young person has a Mental Health Act Solicitor.
- 3.3.2 The panel will document whether the child or young person has an Independent Mental Health Act and/or Mental Capacity Advocate.
- 3.3.3 Where there is an absence of any of these three roles, the panel should consider from the child or young person's viewpoint whether any of these roles could benefit the individual's care and treatment. If there could be benefit then appropriate recommendations should be made.

Principle 4. Seeing the whole child or young person

Standard 4.1 Each CETR should take around a day to complete.

Criteria

- 4.1.1 The CETR should be planned for a whole day.
- 4.1.2 Where the child or young person feels that a whole day CETR would be too long for them, the commissioner should arrange it over shorter sessions (over 2 half days for example).
- 4.1.3 When the CPA is being held on the same day, the chair of the panel with the consent of the child or young person, should delegate attending the CPA to one of the panel members so the CTR can still be progressed.

Standard 4.2 The CETR will include the people who are important to the child or young person being reviewed.

Criteria

- 4.2.1 The child (or their parent carers) or young person should be able to invite people to attend the CETR who are important to them. This could include for example, their siblings (where appropriate), school teacher or teaching assistant, short break provider or community support worker.
- 4.2.2 The child and their parent carer or a young person has the right to attend the CETR with their legal representative.

Standard 4.3 People who are, or will be, supporting the child or young person should be part of the CETR - including local authority representation.

Criteria

- 4.3.1 A representative from each of the agencies supporting the child or young person now or in the future should be invited to attend.
- 4.3.2 It is essential that there is a representative from the local authority for a child or young person's CETR. More guidance on this is available in the CETR policy.
- 4.3.4 The invited representative should attend the CETR. If they are unavailable then they should provide a written report to the chair including their view on each KLOE.
- 4.3.3 Representatives who attend from any agency must be the lead worker for the child or young person. If they do not have sufficient seniority or authority to make service or budget decisions, consideration needs to be given to ensuring someone from the relevant agency with those responsibilities, is also available to attend or participate with the CETR.

Standard 4.4 The review will ask about physical health, mental health and general wellbeing.

Criteria

- 4.4.1 The panel will see documented evidence of a thorough approach to physical health care. This will include an Annual Health Check (for those with a learning disability over the age of 14) undertaken by the GP with whom the child or young person is registered.
- 4.4.2 The panel will see documented evidence that mental health diagnoses are supported by clear assessment processes. It is expected that children and young people who move between Responsible Clinicians have their diagnoses robustly reviewed to ensure that they are appropriate.
- 4.4.3 The panel should review the individual's general wellbeing. They should consider for example:
- does the child or young person look well?
 - do they have the opportunity to undertake activities that of interest to them?
 - are they able to get outside regularly for fresh air?
 - and are they being encouraged to do this?
 - how are basic medical needs (e.g. dentist / optician) met?
 - are they able to have a healthy diet and / or one which they follow, for example halal or vegan diet?
- 4.4.4 The panel will ensure that the care delivered is sensitive to the child or young person's cultural identity, including race, sexual orientation, religion or belief.

Standard 4.5 The review will consider how a child or young person will maintain their education if they are admitted to hospital.

Criteria

- 4.5.1 The panel will consider how a child's education will be maintained if they are admitted to hospital.
- 4.5.2 The panel will clarify whether the child or young person is supported through SEN support, an Education Health and Care plan or neither.
- 4.5.3 If a child or young person is admitted to hospital, consideration will be given as to how they maintain contact with their school, and friends from school.
- 4.5.4 If a child or young person's education placement has broken down or is at risk of break down or change due to an admission the panel will make appropriate recommendations to ensure these issues are considered and managed by the appropriate authorities so this does not lead to any delay in discharge.
- 4.5.5 If the breakdown of a school placement has contributed to the convening of a CETR, the local authority should provide information about how this is being addressed and what the timescales in relation to this are.

Standard 4.6 The review will ask about how children and young people maintain their contact with their families and local community if they are likely to be, or are admitted to hospital.

Criteria

- 4.6.1 The panel will always consider and make clear recommendations in relation to how the child or young person will stay in touch with families, siblings, friends, and their local communities.
- 4.6.2 The panel will seek to make recommendations in relation to barriers or issues that would prevent a child or young person maintaining close contact with their parent carers, families, friends and local communities (for example, distance / cost).

Standard 4.7 The review will ask about whether there are any periods of transition (e.g. school transition or transition to adulthood) in the child or young person's life that needs to be considered.

Criteria

- 4.7.1 The panel will identify if the child or young person is in a period of transition (e.g. school transition or as part of their transition from children to adult services) and the impact this may have for the child, young person and their family.
- 4.7.2 The panel will ensure this is considered in terms of planning for the child and young person either as part of a community or inpatient review.

Principle 5. Open, independent and challenging

Standard 5.1 The review panel is three people and will include: Chair – the child or young person's commissioner; and two independent advisers – an expert by experience and a clinical expert.

Criteria

- 5.1.1 The review panel consists of three people. The chair may bring relevant colleagues, for example a case manager or an administrator to document the CETR. The expert by experience may attend with a supporter. But none of these other people form part of the formal CETR panel.
- 5.1.2 The independent panel members will have had appropriate Disclosure and Barring Services (DBS) checks.

Standard 5.2 The chair should be able to demonstrate that they have worked in partnership with panel members including agreement on the content of the report.

Criteria

- 5.2.1 The chair should ensure that both the Expert by Experience and the Clinical Expert have opportunities to give their views within each KLOE, finding and recommendation.
- 5.2.2 The chair should record the key points of view from each panel member.

Standard 5.3 The CETR panel will ensure that they have provided information about themselves to the child or young person (for example, name and photograph) and introduced themselves fully when they meet the child or young person and their parent carers.

Criteria

- 5.3.1 Once the panel has been allocated to the CETR, the chair should forward basic information about the panel members to the child, young person and their parent carers.
- 5.3.2 When the panel meets the child or young person and their parent carers, they should fully introduce themselves with their names and backgrounds.

Standard 5.4 Where a CETR panel does not reach consensus the differing opinions are noted in the KLOE template.

Criteria

- 5.4.1 The chair will have documented the dissenting views of panel members either within each of the KLOEs or if more appropriate, in the concerns box of the KLOE template.

Standard 5.5 The chair will ensure at the beginning that everybody who takes part knows what a CETR is about.

Criteria

- 5.5.1 The chair should ensure that each child or young person and their parent carers attending knows the background of why CETRs were introduced and the purpose of the CETR.

Standard 5.6 The review team will have completed Care and Treatment Review Training.

Criteria

- 5.6.1 The chair will ensure that themselves and the other panel members have had an induction to being a panel member and access to ongoing training and supervision.

Standard 5.7 The panel members will declare if they have any conflicts of interest.

Criteria

- 5.7.1 The chair will ask the other panel members whether there is any conflict of interests that should be declared. If the conflict of interests would impede the CETR then it should be deferred.

Standard 5.8 The CETR will ensure that the reason for, and the expected outcomes, of an admission or continued admission are clearly defined.

Criteria

- 5.8.1 The panel will record the rationale for the admission/continued admission of the child or young person and the expected outcomes.
- 5.8.2 The panel will record the expected length of stay of the child or young person.
- 5.8.3 The panel will examine progress against the expected outcomes and the length of stay.
- 5.8.4 Where there is lack of progress, this will be identified in the KLOE template and actions recommended.
- 5.8.5 Where the panel believes that there is little prospect of achieving the expected outcomes within the existing service then they should recommend discharge or a transfer.

Standard 5.9 The CETR will question aspects of care, education and treatment that are not consistent with good practice or evidence based guidelines.

Criteria

- 5.9.1 Where care is not in line with good practice of evidence based guidelines, this should be documented on the KLOE template and appropriate recommendations made.
- 5.9.2 If the child or young person's care and treatment has suffered a detriment and their discharge has potentially been delayed as a result then the panel should consider raising a safeguarding concern and / or a Care Quality Commission (CQC) alert.
- 5.9.3 If there are concerns about a child or young person's education these should be clearly documented on the KLOE template and recommendations made to be actioned by the local authority and / or education provider.

Standard 5.10 The CETR will consistently ask whether the child or young person's care, education and treatment could be delivered in a non-hospital setting.

Criteria

- 5.10.1 The panel will consider whether there are reasonable grounds for a continued admission.
- 5.10.2 The panel will use their knowledge and experience to understand whether a child or young person could reasonably be cared for in a community setting.
- 5.10.3 The panel will review the child or young person's community service specification.
- 5.10.4 The panel will make recommendations as to whether the community specification will meet the child or young person's needs and whether a discharge should be recommended.

Standard 5.11 A follow up CETR will always check why any actions previously agreed have not been carried out.

Criteria

- 5.11.1 The panel will read the findings and recommendations from at least the last CETR.
- 5.11.2 If recommendations have not been followed through the panel should question the responsible person to ascertain why.
- 5.11.3 If there is no good reason as to why a recommendation has not been followed through then this should be documented, raised as a concern and the chair should raise it at a higher level within the organisation and with the regional lead at NHS England.

Principle 6. Nothing about us without us

Standard 6.1 Every child or young person will be supported to fully engage in their own CETR wherever possible considering how the child or young person is supported to use their preferred method and / or tools of communication.

Criteria

- 6.1.1 The chair will ensure that everybody who attends the CETR is treated with respect and allowed sufficient time and space to be able to meaningfully contribute to the CETR.
- 6.1.2 The child (where appropriate) their parent carers or young person will be able to sit in for as much or as little of the CETR as they wish.
- 6.1.3 Where the child or young person or their parent carers hold different views to the professionals and / or the panel, the chair will document these views and what the points of disagreement were and why.

Standard 6.2 At the CETR, a person will be identified who will communicate the progress on actions to the child or young person and their parent carers following the CETR.

Criteria

- 6.2.1 The chair of the CETR will receive an outline of the child or young person's communication needs before the CETR takes place.
- 6.2.2 The provider will ensure that all documents are accessible to the child or young person using their preferred method and/or tools of communication.
- 6.2.3 The child or young person is entitled to have supplied for them a professional who can support them to fully engage whether this is an advocate, an interpreter if English is not their first language or a sign language professional who is independent of the service and the NHS.
- 6.2.4 The chair will record on the KLOE Template who is responsible for communicating the progress on actions to the child or young person and their parent carers. The responsible person should ensure that the progress on actions is communicated in line with the child or young person's needs.

Standard 6.3 Following the CETR, the commissioner will write a report about the review in words that all involved can understand. The commissioner will make sure the child or young person, their parent carers and others who need a copy get the report within two weeks.

Criteria

- 6.3.1 The commissioner will summarise the completed KLOE template in to an accessible report.
- 6.3.2 The commissioner will ensure that a copy of the report is sent to the child (where appropriate), young person, their parent carers and others who need a copy so that it arrives within two weeks of the CETR date, in line with NHS Information security requirements.
- 6.3.3 The chair will ensure that they have confirmed everyone who has parental responsibility for a child or young person (for example if a child is on a care order then the local authority will share parental responsibility with the parents) receives a copy of the report.
- 6.3.4 The report should always be made available to the child or young person's Mental Health Act solicitor, Independent Mental Health Act Advocate and Independent Mental Capacity Act Advocate.
- 6.3.5 The CETR report will always inform the professional's report to the child or young person's next Mental Health Act Tribunal hearing or Hospital Managers report.
- 6.3.6 When a child or young person has had a community CETR, that report will always be provided to doctors making a decision about any admission and/or detention to hospital and the Approved Mental Health Practitioner in the case of a detention.

Principle 7. Action focused

Standard 7.1 CETR check to see that the child or young person is safe. When a CETR finds that a child or young person may not be safe, the chair will discuss this with the child or young person and their family carers, record on the KLOE template and raise concerns to the relevant authority and agency.

Criteria

- 7.1.1 The chair will ask for all attendees' view on whether the child or young person is safe.
- 7.1.2 The chair will record the child or young person's own view on whether they are safe.
- 7.1.3 The panel will be able to have access to the living environment of the child or young person. With the child or young person's permission they will be able to see the child or young person's own room.
- 7.1.4 The panel will have access to all incident and safeguarding reports relating to that child or young person since the last CETR including where named as perpetrator or victim.
- 7.1.5 The panel will have access to all the child or young person's risk assessments, both current and historic.
- 7.1.6 The chair will document the panel's views on the child or young person's safety and make appropriate recommendations.
- 7.1.7 The chair will raise safeguarding or CQC alerts where necessary.

Standard 7.2 The CETR will identify gaps in the child or young persons care, education and treatment and make SMART* recommendations to address these gaps in order to ensure appropriate treatment and discharge plans are in place.

Criteria

- 7.2.1 All professionals who attend the CETR should show candour when discussing the child or young person's care, education and treatment. They will be open about any shortfalls in the care, education and treatment and suggest what needs to happen to achieve the best outcomes for the child or young person. If a professional believes that the child or young person is ready for discharge then this should be disclosed.
- 7.2.2 The child or young person will have an existing documented care, education and treatment programme with an expected date of discharge.
- 7.2.3 The child or young person will have a community service specification.
- 7.2.4 The chair will record all gaps in care, education and treatment in the KLOE template and make appropriate SMART recommendations.
- 7.2.5 If any panel member believes that gaps in service provision has delayed discharge or caused the need for admission then the chair should document this in the KLOE template.

*SMART Recommendations mean that the recommendations should be:

- S**pecific
- M**easurable
- A**chievable
- R**ealistic
- T**imely

Standard 7.3 The child or young person's CPA care coordinator will make sure that the outcome of the CETR is reflected in the CPA care plan and will be followed through within the CPA process.

Criteria

- 7.3.1 The CPA coordinator will ensure that the recommendations are embedded within the CPA process. The recommendations are to be discussed at the child or young person's next CPA meeting and progress reviewed and documented.

Standard 7.4 The outcomes of the CETR will identify the named individuals in the child or young person's care team who will make sure the CETR recommendations are embedded in other relevant assessment and planning processes along with clear timescales, for example, Education Health and Care Assessment or plans, Children in Need plans, Looked After Children (Child in Care) plans, risk assessments, etc.

Criteria

- 7.4.1 The chair will document all the recommendations in the relevant children and young people's KLOE template.
- 7.4.2 The chair will name the individual who is responsible for ensuring each recommendation is carried out and by when.
- 7.4.3 The service provider should review the recommendations and progress toward them in ward rounds. If there are delays in achieving goals, the CPA coordinator and the commissioner will be made aware in writing. These conversations will be clearly documented.
- 7.4.4 The child or young person and their parent carers should always be provided with a written explanation when a recommendation has not been actioned within the timeframe.
- 7.4.5 The chair is responsible for ensuring that the report and recommendations reflect the holistic nature of a CETR.

Standard 7.5 CETRs will identify whether long term planning to support discharge (for example, housing or where bespoke care packages may be required) is being considered and planned for at the earliest opportunity including the engagement of competent service providers.

Criteria

- 7.5.1 A child or young person will have an expected date of discharge recorded.
- 7.5.2 The commissioner should always seek evidence of hospital service providers, community team members and local authorities working together to understand the child or young person's community service specification.
- 7.5.3 Where necessary the commissioner should consider bringing in a community service specification expert to draw the plans together.
- 7.5.4 At the earliest opportunity competent service providers should be brought in to review the child or young person, meet with their parent carers and review their service specification to see how deliverable it is ahead of the specification being put out to tender.
- 7.5.5 Where the panel members believe there is a lack of progress toward discharge they should make appropriate recommendations to expedite the process.

Standard 7.6 The commissioner is accountable for follow up after a CETR and ensuring recommended actions are being carried out on time. Where actions are not carried out, the commissioner will explain to the child or young person and their parent carers why this is.

Criteria

- 7.6.1 The commissioner should ensure that the delegated actions are reported upon regularly and give the timeframe to the accountable professional.
- 7.6.2 Where the professional is not making adequate progress, the commissioner should escalate that with the appropriate organisation and where necessary through contract management.
- 7.6.3 When after trying, the professional and the commissioner agree that a CETR recommendation is not achievable then they should agree on a course of action and ensure that the child or young person and their parent carers are advised of the situation. This decision should also be a minuted agenda item in the child or young person's next CPA meeting.

Principle 8. Living life in the community

Standard 8.1 A record of the reasons why a child or young person's care, education and treatment cannot be carried out in the community will be made on the KLOE, where this is the outcome of a CETR.

Criteria

- 8.1.1 If the child or young person is remaining, or returning to live at home with their family, the panel will review what support they need to enable them to remain living at home and in their local community.
- 8.1.2 If the child or young person is not returning or remaining at home, the panel will review the community planning or service specification to ensure that it reflects the child or young person's and their parent carers hopes and dreams.
- 8.1.3 The panel will seek evidence that the child or young person and their parent carers were fully involved in writing any required community service specification. The child or young person and their parent carers should have a choice as to where they live.
- 8.1.4 The panel will take a view on whether the community provision or community service specification will meet the holistic needs of the child or young person and provide enough support to minimise any risk of admission or re-admission.
- 8.1.5 If there are reasons why the child or young person's care, education and treatment cannot be carried out in the community, the reasons will be recorded on the KLOE template and a date set for review.

Standard 8.2 The CETR will look for evidence of up to date, positive & proactive risk assessment and risk management plans that address the safety of the child or young person and of others now and in the future.

Criteria

- 8.2.1 The panel will have access to the child or young person's full range of risk assessments.
- 8.2.2 The panel will ensure that the risk management plans address the safety of the child or young person and others both now and in the future.
- 8.2.3 The panel will seek evidence that positive risk taking is within the plans.
- 8.2.4 The panel will make recommendations where the child or young person's risk is not being proactively managed.

Standard 8.3 The CETR will enquire about the child or young person's circle of support and how the child or young person is being enabled to be a part of their local community.

Criteria

- 8.3.1 The panel will always consider and make clear recommendations in relation to how the child or young person will stay in touch with their parents, siblings, other family members, friends and their local communities.
- 8.3.2 The panel will seek to make recommendations in relation to barriers or issues that would prevent a child or young person maintaining close contact with their parent carers, families, friends and local communities.
- 8.3.3 The panel will ensure the views of those who know the child or young person best, for example family member, friends, short break staff, direct care staff and advocates, are taken into account.
- 8.3.4 The panel will look for community contact where the child or young person is currently staying.

Section 4

CETR Experts by Experience and Clinical Experts: Role Descriptors

An Expert by Experience booklet is available from the NHS England CTR pages which describe the role in more accessible language. This booklet also includes information about the PERSONAL principles and KLOEs.

Introduction

Care, Education and Treatment Reviews take place in order to provide a person centred, independent process to look in depth at the needs of children and young people with learning disabilities, autism or both, who are likely to be admitted to or stay too long in mental health / learning disability wards in hospitals.

CETRs provide an assessment of children and young people's care, education and treatment in the community if they are at risk of being admitted or in an inpatient setting, to identify the factors that are preventing their timely discharge or preventing adequate and safe support being provided where they live.

Care, Education and Treatment Reviews use the PERSONAL principles:

1. **C**hild and **Y**oung **P**erson centred and family centred
2. **E**vidence based
3. **R**ights led
4. **S**eeing the whole person
5. **O**pen, independent and challenging
6. **N**othing about us without us
7. **A**ction focused
8. **L**iving life in the community

Recruitment and support of Experts by Experience and Clinical Experts:

NHS England and CCGs have a responsibility to set up a support network that will be responsible for recruiting and supporting Expert Advisers that includes Experts by Experience (people with learning disability, autism or both and family carers) and Clinical Experts (psychiatrists, psychologists, nurses).

It is sometimes the case that an Expert by Experience will need to be accompanied by a supporter. Supporters play an important role in helping the expert to carry out their responsibilities effectively and each individual will have developed different working styles with their chosen supporters. This needs to be understood and facilitated by the review panel as a whole.

It is important that the supporter maintains their role in enabling the Expert by Experience and not as a member of the panel. The supporter should ensure that the process of the day, the form of information and communication and the discussion with individuals or groups are carried out in such a way that the Expert by Experience can make the optimum contribution. Supporters should be enabled to challenge any parts of the process that are impeding the Expert by Experience's ability to make a full and equal contribution. Supporters, just as other members of the review team, are expected to comply with the policy and procedures of NHS England or CCG, as well as the NHS England or CCG code of conduct & confidentiality agreement.

Transmission of the CETR Report will be made available to you in line with NHS Information Security requirements. In line with NHS policies, you will be provided with information regarding the formal method for destruction of any information made available to you and this method will be discussed and agreed at the end of the review process. On the day, this means that you are never to remove any patient information from the CETR and that any notes you make during the CETR must be given to the chair for shredding.

Conflicts of interest:

It is essential that Experts by Experience and Clinical Experts are able to act in as independent a role as possible in a care, education and treatment review.

Expert advisers must declare to the convenor of the review in advance if they have any conflicts of interest that would interfere with this independent role:

Conflicts may arise if the adviser, their family members, close relatives or personal friends are:

- working for a private / independent hospital service provider
- own or have a financial interest in a private service provider
- related to or have a non-professional relationship (for example, friendship) with the child or young person and/or their family
- Having worked for the service previously (where the CETR is taking place).

(It is also possible that those working for an NHS provider that had a financial interest in the outcome of the CETR could be seen, on external review or challenge of the process, as not having made decisions that are independent of financial consideration for the organisation. Advisers should consider their role and practice carefully in light of this and if there is any doubt then the expert should discuss this with the lead commissioner at the point at which they are requested to take part)

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

About the Expert by Experience role

Role Summary

- To work alongside clinicians & commissioners carrying out the review of a child or young person's care, education and treatment.
- To bring another viewpoint that comes from your own experience. This experience may have been as someone with a learning disability who uses or is supported by services. The expert may have had experience of admission to specialist learning disability hospital or have had extra support in order to avoid admission.
- Alternatively they may have experience of being a family member of someone with a learning disability, autism or both.
- They will assist the team in helping to get better communication with children, young people and families. They will also help children and young people to better understand their views and experience.
- They will support Equality, Diversity and Children's and Human Rights at all times.
- The role of the Expert by Experience is confined to the day of the review, it is not expected that experts will have on-going involvement with the child or young person beyond this.
- This role is not one that should ever be undertaken by someone who has had solely professional experience of working with children and young people who have a learning disability, autism or both. For example as a health care support worker or an advocate. The role is one that should be filled by someone with a lived experience of having, or being a family carer of someone with a learning disability, autism or both.

Main responsibilities

- To be willing to share introductory information about themselves with the person being reviewed.
- To be involved as a member of the review team. A review for one child or young person lasts one day.
- To follow the guidance for Expert Advisers.
- To use the Care, Education & Treatment Review outline KLOEs as the tool for reviews.
- To attend induction training and other specific training identified.
- To follow the policy and procedures of NHS England, as well as the NHS England code of conduct and confidentiality agreement.
- To help complete a 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

Experts involved in reviews need to:

- Talk to the review lead before the visit if necessary (usually on the phone).
- Tell the review lead if there are issues that they would find too upsetting to listen to (for example, histories of abuse).
- Attend on time and be present for the whole review.

Experts take part in the review by:

- Being part of the introductory meeting and getting a brief "pen-picture" of the child or young person being reviewed.
- Speaking with the child or young person and their family – alone or with other review team members.
- Speaking with staff who work directly with the person and who know them well.
- Being supportive to family members who may attend the review.
- Being part of the feedback session at the end of the day.
- Making notes or writing parts of the report (with assistance when needed) which is handed to the Chair of the review 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 – The skills or experience an Expert by Experience needs

What	What people will need to be able to do
Knowledge and experience	<ul style="list-style-type: none"> • Bring personal experience of either being a person with a learning disability, autism or both who may have used hospital services, community services or both or being a family carer for someone who has used service for people who present significant behavioural challenges or mental health problems either as an inpatient or supported in the community. • Bring personal experience of working with services, commissioners or providers to enable discharge from hospital and support children and young people to live in the community. • Understand and be committed to equal opportunities and diversity. • Have an understanding and experience of person centred approaches and how this should shape children and young people’s care and support. • Have an understanding about what good support looks like in the community. • Have a broad understanding of Positive Behavioural Support.
Skills	<ul style="list-style-type: none"> • Be able to communicate directly with children and young people who use services and their families in a range of ways. • Be able to contribute to compiling a report (with or without support). • Be able to keep information confidential. • Be able to ask questions to ask about the child or young person’s care and treatment and to challenge poor practice. • Be able to recognise what good practice and services look like.
Personal attributes	<ul style="list-style-type: none"> • To be reliable and punctual. • To be flexible in approach and solution focused. • To be able to reflect on findings and thoughts as part of a team. • To be prepared to accept support in carrying out a thorough and focused review and in reaching a shared outcome. • To have experience as described above.
Other important things	<ul style="list-style-type: none"> • Be able to travel to reviews (with or without support). • Be able to use email & phone to communicate (with or without support). • To have a DBS check if not already in place. • To be aware of any conflicts of interest and to make these known to the review coordinators before any reviews take place (see notes above) • To understand and accept that conflicts of interest may make it inappropriate to take part in particular review • To have signed a confidentiality agreement.

Section 4 – What payment or other support is available from NHS England

We want to make sure that all team members feel supported, equally valued and are able to make a full contribution.

We want to make sure that Experts taking part in reviews get whatever support they need.

It is important that Expert Advisers are provided with the right training and support before, during and after the care and treatment reviews.

This will include:

- Training to carry out the role.
- Preparation and information on the review in advance (where to meet, what type of environment the review is taking place in).
- Accessible materials to support them to carry out their role within the review.
- Support & guidance from the chair of the review.
- Debriefing and support following a review.

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 (or £150 per day).

Travel or accommodation expenses will be paid in addition if the Expert is travelling outside their immediate area. This needs to be in line with the relevant organisations' policy for payment of expenses (for example in NHS England this would be the Public and Patient Voice on Covering Expenses).

This policy includes payment for support hours.

CLINICAL EXPERT

About the Clinical Expert role

Role Summary

- To work alongside Experts by Experience & responsible commissioners carrying out review of a child or young person's care, education and treatment.
- The Clinical Expert will be somebody with a professional health qualification, such as Doctor (Psychiatrist), Psychologist, Nurse, Occupational Therapist, Speech and Language Therapist.
- The Clinical Expert will be able to offer a different perspective to the existing clinical team and will engage the child or young person, their parent carers and family and their local team in discussion to identify if there are barriers to discharge or to identify what support would enable the person to live their life in the community.
- The Clinical Expert, where required, will advise the other members of the team on matters such as the Mental Health and Capacity Acts, diagnosis, mental and physical health issues, treatment options and their evidence base.
- Clinical Experts are expected to promote Equality, Diversity and Human Rights throughout their role.

Main responsibilities

- To be willing to share introductory information about themselves with the person being reviewed.
- To be involved in the whole of the review day.
- To use the Care, Education & Treatment Review KLOEs as the tool for reviews.
- To ensure that Best Practice and NICE guidelines are followed, and to ensure that NICE guidelines are adhered to in the child or young person's clinical notes.
- To provide an independent clinical opinion free from commercial or other organisational interest.
- To attend induction training and other specific training identified 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 CETR Chair (responsible commissioner) to complete a review report highlighting key findings and recommendations on the day of the review.

Section 2 – How the Clinical Expert role works in practice

Experts involved in reviews need to:

- Talk to the review lead before the visit (usually on the phone).
- Attend the review punctually and to remain throughout the whole review.
- Receive and read the review materials and accompanying guidance and protocols.

Experts take part in the review by:

- Enabling a brief pen picture of the child or young person to be obtained in the introductory meeting.
- Meeting the child or young person whose care, education and treatment is under review, and their parent carers, other family members and staff alone or with other review team members.
- Being part of the feedback session at end of day and facilitating the process of discussion, challenging current practice and opinions where necessary and forming conclusions and recommendations for future care.
- Writing own notes or part of the report, all of which is handed to the CETR Chair at the end of the day.
- Discussing & commenting on the report before it is completed.
- Completing feedback forms on being part of a review.

Section 3 – The skills or experience a Clinical Expert needs

What	What people will need to be able to do
Knowledge and experience	<ul style="list-style-type: none"> • Have current, substantial and demonstrable experience of community models of support for children and young people with learning disabilities, autism or both who have mental health diagnoses and/or can present behaviours seen as challenging. • Understand and operate within a child or young person centred framework, and show that they have worked with children and young people with learning disabilities and family carers as equal partners. • To have an understanding of, and commitment to, equal opportunities, diversity and human rights. • Understand what “good” looks like in services for children and young people with learning disabilities, autism or both. • To understand when hospital admissions may be counter-productive in an individual’s care. • Have an understanding about what good support looks like in the community. • Have experience of setting up packages of community support for children and young people with learning disabilities, autism or both seen as challenging, in partnership with the individual their family and other key partners. • Have experience of avoiding admission to inpatient services for children and young people with learning disabilities, autism or both who are seen as challenging. • Have experience of risk assessment and constructive, positive approaches to risk management.
Skills	<ul style="list-style-type: none"> • Be able to communicate directly and effectively with children and young people who have a learning disability, autism or both and their families. • Be able to challenge existing practice. • Be able to make holistic assessments of individuals as well as their family, social and physical environment and how these relate to emotional and behavioural aspects of the person. • Be able to work in an open and respectful partnership with others in multidisciplinary teams and with service users and families. • Have an understanding of the application of Information Governance policy.

<p>Personal attributes</p>	<ul style="list-style-type: none"> • To be reliable, punctual and flexible. • To believe that children and young people with a learning disability, autism or both have the right to live an ordinary life with their families, or in their local community and not live in a hospital or other segregated setting. • To be open to joint learning and participating in training and reflection. • Be able and willing to take responsibility for own physical and mental health or seek support if needed. • Be able to reflect on own experience and practice and ask for support where necessary.
<p>Other important things</p>	<ul style="list-style-type: none"> • To be registered with the relevant regulating professional body and in good standing with their specialist professional organisation (for example, NMC, BPS, RCPsych). • Be able to travel to reviews (with or without support). • Be able to use email, & phone to communicate (with or without support). • To have a DBS check if not already in place • To be aware of any conflicts of interest and to make these known to the review coordinator in advance of the review. (See notes above). • To understand and accept that conflicts of interest may make it inappropriate to take part in particular review. • To have signed a confidentiality agreement.

Section 4 – What payment or other support is available from NHS England

Rates of pay for Clinical Experts are negotiated locally. A comparable rate of pay for Clinical Advisers for the CQC is £300 per day is based on the CQC "Associate Inspector's General Expenses, Travel and Subsistence Policy and Procedures".

Travel or accommodation expenses will be paid in addition if the Clinical Expert is travelling outside their immediate area, in line with the local contracting organisational policy

Where agreements are reached with local organisations to provide clinical reviewers this will be locally negotiated to include any arrangements for reimbursement.

Section 5

CETR Document Checklist

These are the documents that should be prepared ahead of the day for the CETR panel and put in to a pack. The CETR panel will not take any of these documents away with them nor make copies of them to take away. The CETR chair will be responsible for ensuring that all written and verbal information provided will be kept private and confidential within the CETR.

For a CETR in a hospital the responsibility for producing the pack is with the provider.

For a community CETR, the commissioner is responsible.

- Risk assessments.
- Mental Health Act papers.
- The most recent Mental Health Act Tribunal report.
- Social circumstances report.
- The community service specification.
- The last four weeks of progress notes.
- Safeguarding reports from the last year.
- Incident forms where restraint was used, either since admission or last CETR.
- Health Action Plan.
- Person centred care plan.
- Positive Behavior Support Plan and other care plans.
- Communication Passport.
- Hospital Passport.
- Medication Chart.
- Mental Capacity Assessments.
- Ministry of Justice documents, where appropriate.
- Activity Planner.

It would be helpful if the local authority would also be able to provide the following documents:

- Education Health & Care Plans or SEN Support Plans.
- Child in Need Plan.
- Child in Care or Looked After Child Plan.
- Other relevant education or social care assessments or plans.
- Any relevant youth justice assessment or plan.

Section 6

Organising a CETR: Commissioner Checklist

Before the day

- Identify the child or young person needing a CETR.
- Identify if there are any reasonable adjustments to be made for the CETR.
- Identify if there are any requirements for particular experts, e.g. gender specific experts, experts in autism etc.
- Identify potential date and ensure this is convenient for the child, young person and their family.
- Book a meeting room.
- Arrange for the child or young person and their parent carers to receive the **My Care and Treatment Review** and the **My CETR Planner booklets**.
- Ensure that enough time (ideally 2 weeks or more) is allowed for the child and their parent carers or the young person to give their consent (see Planner booklet), to decide who they would like to invite to their CETR, and for those people to be invited to attend by you or the provider as agreed.
- Ensure you have considered all of the relevant agencies and individuals that need to be invited for the particular circumstance – refer to the policy for more detail in relation to this.
- Ensure that yourself or the lead community/service provider team member has time booked in with the person to prepare for the CETR.
- Arrange for the Expert by Experience and Clinical Expert to be booked and ensure that they have invites and agendas sent to them, and have all the necessary support to attend e.g. travel, proof of identity document/badge if needed, health or support needs planned for the day.
- Ensure that yourself or the service provider have got all the necessary documents together for the CETR panel.

On the day

- Take the relevant CETR KLOE template (Community / Inpatient / Secure) to the review and ensure the experts are broadly aware of this and how they can contribute to it during the CETR.
- Follow the agenda.
- Ensure that reasonable adjustments are made, if necessary, for the child, young person, family and panel members and that non-technical language is used where possible.
- Complete the KLOE template and agree the findings and recommendations with the panel members.

- Feedback to the child or young person, their parent carers and to the service provider or community team in non-technical language. Agree with provider and all present who will carry out actions, timescales and who will be responsible for ensuring that actions are carried out

After the day

- Send a copy of the KLOE template to the child's (where appropriate) their parent carers or young person and other relevant people within 2 weeks of the CETR.
- Raise any safeguarding concerns with the local authority and any alerts with the CQC.
- Ensure that the recommendations and actions are carried out and embedded in the CPA.
- Ensure that Experts are supported to discuss their feelings about the CETR.
- Ensure that Experts have handed back all the child or young person's records, their own notes made during the CETR and that they clearly understand about transmission and destruction of secure information in line with NHS Policy.

Section 7

Model Agenda for CETR



Care, Education & Treatment Reviews – Model Agenda **England**

TIME	PANEL MEETING
<p>9.30am – 10.00am</p>	<p>The panel members meet and prepare for the day ahead; they should introduce themselves, advise of any potential conflicts of interest and understand what reasonable adjustments will need to be made to support the child or young person and their parent carers, panel members or other people attending the CETR.</p>
<p>10.00am – 10.30am</p>	<p>An initial meeting takes place with all involved parties around the table.</p> <p>The Chair leads the meeting, giving the context for Care, Education and Treatment Reviews, the aim of the review and the CETR principles.</p> <p>The panel should then be given a written or oral ‘Pen Picture’ of the child or young person from someone who knows them well. Meeting should be invited to discuss briefly ‘what’s working or not working’ about the person’s care.</p> <p>The plan needs to be agreed for the day including best time and place to meet with the child or young person and their parent carers and other family members involved and how others will be met (either in groups or individually).</p>
<p>10.30am – 3.00pm</p>	<p>The panel throughout this time need to fit in the following:</p> <ul style="list-style-type: none"> • meet with the child or young person whom they are reviewing and their parent carers and other family members. • gain an understanding of the environment in which the child or young person is currently living. • it may be that the ‘Expert by Experience’ reviewer meets with parent carers and other family members wherever they are comfortable to be met with. • the review team meet with members of the multi-disciplinary team in order to determine: their current level of input, the treatment they are providing, community support / future planning. Depending upon treatment being provided, this would ordinarily include the child or young person’s Responsible Clinician or doctor, psychologist, named nurse, other lead therapists. The reviewers should encourage interviewees to explain their role, their input with the person, and their role / thoughts in relation to discharge planning and outcomes. • the review team should meet with the child or young person’s advocate and also members of direct care staff working with the person in order to identify both their knowledge and their understanding of the child or young person. • lunch.

TIME	PANEL MEETING
	<ul style="list-style-type: none"> • For the purpose of cross checking, the reviewers should determine if the direction / treatments prescribed by the multi-disciplinary team translate directly to the delivery of day to day care for the child or young person. • The reviewers should explore staff resource, staff training, risk management, incidents / recording / reporting and debrief, use of restrictive practices, and discharge planning. • The review team should review clinical documentation. This is carried out to assure the accuracy of written records / plans against the actual delivery of such in practice. Due attention should be afforded to reviewing a sample of the following documentation; including behavioural strategies, functional analysis, risk assessment, health action plans, CPA minutes, incident reports, any person centred documentation. <p>NB – the meetings with the child or young person, their parent carers and other family members, the professionals and the reviewing of records can be done concurrently by the panel splitting as agreed as appropriate.</p>
<p>3.00pm – 4.30pm</p>	<p>The review team should complete the KLOE template, reflect on the findings and then write their recommendations.</p> <p>During the final part of the review the review team look at answering the big questions and the supporting range of questions on the checklist.</p> <p>This will inform the feedback and the panel need to prepare key findings and prepare clear recommendations, timescales and those responsible.</p>
<p>4.30pm – 5.30pm</p>	<p>Feedback/discussion – this session will be led by the Chair and provide feedback on key findings, and recommendations.</p> <p>The feedback session will be structured around the four key headings:</p> <ul style="list-style-type: none"> • Am I safe? • What is my current care like? • Is there a plan in place for my future? • Do I need to be in hospital for my care and treatment? <p>The final session should encourage all to contribute and be solution focused. Ensure the responsibility of the CPA care coordinator in updating the care plan is clear, and any outstanding work on SEN support / EHCP or social care assessments is allocated.</p> <p>Time should be allowed for ensuring the panel has a chance to debrief, and if not arrangements are made to do this outside of the day.</p> <p>NB – If concerns are picked up relating to quality and safety during the review process, the escalation process is to be followed in the CETR policy / guidance to ensure swift action is taken via relevant existing frameworks e.g. CQC; safeguarding and internal NHS quality surveillance groups. The responsibility for escalation sits with the responsible commissioner. These actions should be recorded on the KLOE template (there are tick boxes to record this).</p>

Section 8

Care, Education and Treatment Review – Provider Checklist

Getting ready for a Care, Education and Treatment Review

Your ref: _____

Checklist for _____ Date of CETR _____

How long since the last CETR (if there was one)? _____

The care coordinator / keyworker is _____

Contact details _____

The CETR chair (or commissioner?) is _____

Contact details _____

Other key contacts: _____

Child or young person's local authority: _____

	ACTION	BY	DATE
	ONGOING		
	<p>The child and their parent carers or young person understands what their CETR is about and how it can help them. You should support the person to use the two booklets about Care and Treatment Reviews. They are available with and without symbols. One provides information, the other is a CETR Planner which provides forms for consent, preparation, on the day and afterwards. They can be downloaded from www.england.nhs.uk/CETR www.england.nhs.uk/learning-disabilities/ctr/my-ctr/.</p> <p>The child or young person should be offered staff, advocacy and/or family support if appropriate to help them plan for and monitor their CETR progress.</p> <p>Staff are aware of the CETR Principles and Standards (same web address) and understand rights based approaches e.g. www.humanrightsinhealthcare.nhs.uk</p> <p>DH Easy Read Mental Health Act – www.nhs.uk/easy-mentalhealthact</p>		

	ACTION	BY	DATE
	<p>If the child or young person is in hospital, the provider and staff are using Discharge Steps and Standards (see Section 10) to ensure that discharge is progressing well.</p> <p>The child and their parent carers or young person is supported to produce an accessible discharge plan www.changechildrenandyoungpeople.org/blog/february-2016/independence-pack</p>		
	AT LEAST TWO WEEKS BEFORE THE CETR		
	<p>Consent to a CETR and to family/advocacy involvement if appropriate is gained – to give children and young people, their parent carers and advocates time to make arrangements. Raise any issues with the CETR chair promptly. The signed CETR Consent Form is copied and sent to the CETR chair and care coordinator.</p> <p>If the young person lacks capacity and does not have a legal appointee, a Best Interests Process and documentation is followed.</p>		
	<p>Practical arrangements for the day have been made and sent to the CETR chair and others e.g. a suitable room or two rooms to enable the CETR panel to meet with more than one person at a time, food and drink arrangements made and confirmed, along with any regulations the panel needs to know about getting into the building and travel information.</p>		
	THE WEEK BEFORE THE CETR		
	<p>Get the documents ready which the CETR panel may ask to see – it is best to do this before the day of the CETR. The document checklist is at Section 5 of the CETR Code and Toolkit.</p>		
	<p>If the child or young person has had a CETR before, you should review what happened last time with the child or young person and their parent carers and what progress has been made since. Support the child or young person to prepare what they would like to say and any questions they have for the panel.</p>		

	ACTION	BY	DATE
	Support the child or young person and their parent carers to prepare for their CETR. There is a document for this in the CETR Planning booklet, which should be completed in the child or young person's own words where possible. If the child or young person has communication difficulties, other methods should be used to ensure their views are captured. If the young person wishes, involve family carers and/or advocacy in helping to complete the profile. The child or young person should bring this document to their CETR meeting if they are happy to do so.		
	Reflect on what you think is working or not working for the child or young person and possible solutions, in case your views are sought on the day. This is about what you think, not a team opinion. You can ask to speak to a panel member if not directly invited. Your views will be treated confidentially.		
	ON THE DAY OF THE CETR:	BY	OK?
	Support the child and their parent carers or the young person to take part in the way they feel most comfortable e.g. meeting members of the panel privately, choosing to have a family carer,, staff member or advocate present, or choosing to meet panel members on their own. The child or young person should be given time to meet the panel on their own terms, and have time to decide on the day. The child or young person might feel more comfortable meeting panel members on the ward or in a different room from where the CETR is taking place – you should support this to happen if so. The CETR is a child and young person-centred process – it is vital that the child or young person's wishes are respected and they are happy with the way it is carried out.		
	Support the child and their parent carers or young person to present and discuss their CETR planning document in the way they wish and check what support they would like in this, if any.		
	The CETR respects how the child or young person chooses to take part. The child or young person and family if appropriate are given the right amount of time to take part, the CETR is not too onerous for the child or young person. The child and their parent carers or young person has chosen to attend to support them are there.		
	Staff feel able to share their views in confidence and respect is shown for their views.		
	WITHIN A WEEK OF THE CETR:	BY	DATE
	Staff reflect on the CETR with the child or young person and with other staff as needed. Any queries or concerns are recorded and flagged up with the CETR chair.		

	ACTION	BY	DATE
	The child and their parent carers, or young person is supported to fill in the feedback form in their CETR Planner booklet by someone they choose, if they wish. Copies are sent to the CETR Chair and Care Co-ordinator. A copy of this form can also be used by other people who were involved in the CETR.		
	Immediate actions needed are:		
	The CETR report should be received within 2 weeks by post. If not, ask the CETR chair for a copy which can be circulated to everyone who took part, including family carer/advocate if relevant.		
	Support the child or young person to understand the report and write the CETR actions in their own words in their CETR Planner booklet.		
	<p>A staff meeting is held to decide who will carry out CETR actions by when. This should be discussed with the CPA Coordinator who is responsible for embedding the CETR recommendations within the CPA Plan.</p> <p>These are:</p>		
	These actions are carried forward into CPA and/or other care meetings for regular review.		

	ACTION	BY	DATE
	WITHIN 3 MONTHS OF THE CETR:		
	<p>A staff meeting is held to record progress of CETR actions and any further action needed to complete by the due date. Key things to do, for example:</p> <ol style="list-style-type: none"> 1. Discuss progress since the CETR with the child, young person, and their parent carers or family and advocate if involved; 2. Follow up with relevant people if key actions have not yet begun to take place; 3. Identify who is responsible in the staff team for making sure follow-up is carried out and reported back to the CETR Chair. 		
	<p>The recommendations and any concerns raised from CETRs should be collated by the provider organisation so that any themes can be reviewed and learning can be understood to improve the care and treatment for all children and young people using their services.</p> <p>Ensure that the Clinical Governance team are made aware of CETR outcomes in order for organisational learning to occur.</p>		

Section 9

The Role of the Chair in Care, Education and Treatment Reviews

The core review panel in a Care, Education and Treatment Review is comprised of:

1. The Chair (responsible commissioner)
2. An Expert by Experience
3. A Clinical Expert

It is expected that the responsible commissioner, in addition to having set up and coordinated the CETR, will chair the review. The CETR policy provides information about specific occasions when it may be agreed that a local authority commissioner may chair the review but would be supported by the CCG commissioner.

The role of the chair is to make sure that the CETR is carried out in a manner that:

- Is based on the principles and standards laid out in the CETR policy;
- Is independent, fair and constructive;
- Ensures that all relevant views are heard and discussed;
- Ensures that the views and wishes of the child and their parent carers, or young person whose care and treatment is being reviewed, and other family members if involved, are clearly established and are at the centre of the reviews discussions.
- Ensures that both Experts are fully involved and treated as equal members of the team. They bring important skills to the CETR and to the drafting of the report, which should be a collaborative process.
- Ensures that information is made available as per the document checklist.
- Establishes an outline plan for the review day and, if required, to modify this according to any particular issues that may emerge during the review.
- Helps the team develop a pen-picture at the beginning of the day of the child or young person whose care and treatment is being reviewed.
- Is alert to any issues of concern regarding the welfare and safety of the child or young person and to respond immediately and appropriately to issues that require prompt or urgent action and / or escalation.
- Ensures that the team is able to have discussions with the clinicians and other professionals currently responsible for the child or young person's care, education and treatment and also those who may be supporting them.
- Enables the team to challenge aspects of the child or young person's current and future care, education and treatment.

- Clarifies and summarises the findings and recommendations of the review panel both on the day and in a subsequent report.
- Agrees a timescale for recommendations, naming the individual responsible and following agreed actions through after the review and ensuring they are embedded in the CPA process.

Section 10

Discharge Steps and Standards

Leaving Hospital – Hospital Discharge Steps and Standards

A Care, Education and Treatment Review (CETR) will often identify that a child or young person doesn't need to be in hospital for their care and treatment, and may make recommendations about the discharge planning process. It is important to note that the CETR is not a discharge planning meeting. Discharge planning is routine clinical activity, managed through CPA, and once it is agreed by the team around the child, young person and their parent carers, plans should be made for discharge. A CETR will scrutinise these plans.

Discharge steps and standards help to check that everything is in place for discharge to happen, and are written for anyone involved in supporting the process of discharge from hospital. There is also an easy read set of the discharge standards in the pack for the child or young person having the CETR.

Some steps towards leaving hospital should always happen at given times, like planning for discharge from the time you arrive in hospital.

Other steps may vary from person to person, so some boxes are blank for dates to be added.

The standards are for everybody. You will find some useful links to other forms and information that will help in planning someone's discharge.

It is everyone's right to be involved in decisions about their own plans for leaving hospital. Information to help someone with this called an 'Independence Pack'. An easy read Leaving Hospital Planner and Independence Pack can be found at: <http://www.changepeople.org/blog/february-2016/independence-pack>

The hospital planner can be used to help children and their parent carers and young people track their own progress towards leaving hospital and keeping updated about what is going on. Where young people are assessed as lacking capacity to take a specific decision at a specific time in relation to their discharge plan a Best Interests process is followed as set out in the Mental Capacity Act 2005 and its Code of Practice.

Taking the right steps to leave hospital

Step	What should be happening?	By when?	Who will help me?
1. Getting the basics right from the start for me and my family	Me, my family and support team are told who my community CPA care coordinator is and who my hospital discharge facilitator is. The inpatient team will work with the community team, me and my family to learn more about me.	Before I go into hospital	Social worker or community nurse Hospital team
	I am helped to understand why I have been admitted to hospital and what needs to happen before I can be discharged home. This may take time, need ongoing support and should happen when I am ready.	When I go into hospital	Named hospital nurse Team in hospital Advocate
	The hospital team will produce a plan within four weeks to say what treatment I will get before I can leave hospital and what will change for me in hospital. This will be shared with me and my commissioner.	Within four weeks	Hospital team, named nurse My CPA care coordinator
	I am told who the lead link person in hospital is for support and communication with my family.	When I go into hospital	Named hospital nurse
	My parent carers will be offered a Carers Assessment and support.	When I go into hospital	Social worker
	Someone will look at my living arrangements to try and make sure I don't lose my placement or housing or right to benefits while in hospital. This will make it easier for me to leave hospital later on.	When I go into hospital	Social worker Landlord

Step	What should be happening?	By when?	Who will help me?
2. Person centred planning to get my future care right	<p>There needs to be a good understanding of me to plan for my future. This includes my interests, my likes and dislikes, who I would like to live with and what I want from my life. This should be through a person centred profile or a life plan. <u>Examples of planning for my future.</u></p>		<p>Advocate</p> <p>Parent carers, other family members, friends and/or those closest to me.</p> <p>All the people who provide my care, treatment and support</p>
	<p>Planning what works for me and keeps me and others safe: We plan for how to meet my needs and wishes in the community, while keeping me and others around me safe and well. This could be through a 'Support Planning' meeting .My Care Programme Approach (CPA) Meeting may provide a place to start to plan for my future needs.</p>		<p>All the people who provide my care or treatment</p> <p>Family if I wish</p> <p>Advocate</p>
	<p>Other things that need to happen to plan for what I need</p>		<p>Hospital discharge facilitator</p> <p>Community care coordinator</p> <p>Local authority</p>
	<p>All of these things go into a person-centred service specification, a list of all my needs and wishes, to help the commissioner buy my future care.</p> <p><u>Citizenship: a guide for providers</u> – is available through this link and may be helpful when developing the service specification.</p>		<p>Community care coordinator</p> <p>Social worker</p> <p>Commissioner</p>

Step	What should be happening?	By when?	Who will help me?
3. Who pays? Sorting out the money	<p>All of the assessments needed for funding my future care are completed. These may include continuing health care and social care funding assessments. If I am on a Section 3 of the Mental Health Act in hospital I am entitled to a package of care from health and social care. This is called Section 117 Aftercare.</p> <p>If it is not clear who will pay for my care in the future, all the steps need to be gone through early enough so that it doesn't hold up my discharge from hospital later on. NHS England has produced a guidance document on 'Who Pays'. I am asked if I want a personal budget and given clear information to help me decide. If I get Continuing Care funding, I have a right to a person health budget if I want one. Information on personal health budgets.</p>		Commissioner Social worker
4. Finding the right support provider for me	<p>The commissioner uses the person-centred specification to buy the support that I need. Or I can use my personal budget to find the right support and get help to do this.</p>		Commissioner Social worker Personal budget agencies
	<p>Me and my family are involved in choosing the right support provider – this could be through a panel meeting.</p>		Community care coordinator Inpatient team
	<p>I know who will be supporting me when I leave hospital and will be involved in recruiting my staff (my family may be involved too).</p>		Community care coordinator Provider
	<p>My staff are trained, including Personal Assistants (PAs) to support me.</p> <p>My staff are involved in person-centred support planning and risk assessments with me, my family, community and inpatient teams.</p>		Community care coordinator Inpatient Team Support provider
	<p>I have a plan for how my health, social care, education or employment needs will be met in the community. The right package of support from the community team and primary care is in place to support me when I leave hospital.</p>		Community care coordinator Support provider Local specialist team/ GP

Step	What should be happening?	By when?	Who will help me?
5. Housing and adaptations Making sure my housing meets my needs	The right housing is found for me using my person centred specification, which me and my family are happy with. <u>Help on finding housing</u>	Step 5 happens alongside step 4	Community care coordinator Support provider Housing officer
	Me, my family and someone from my team who knows me well will visit the accommodation so that we can advise on making the house right for me.		Community or inpatient team member
	If I am going to be a tenant, agreements are signed.		Community care coordinator
	If I need any changes or adaptations made to my housing, this will be done so that it does not hold up my discharge from hospital.		Community care coordinator
6. Getting ready to leave hospital	My Leaving Hospital plan is underway, and I may be going out of hospital on leave to visit my new home. The arrangements for how this is funded are agreed so that the visits can take place when I am ready.		Hospital discharge facilitator Community care coordinator
	A discharge meeting (usually a CPA) will be set up.		Hospital discharge facilitator/Community CPA care coordinator
	In preparation for leaving hospital, my care coordinator is helping me, my staff and family decide if and how to record my needs in case I am ever at risk of going into hospital again. <u>Guidance and information on this register.</u>		Community care coordinator Inpatient team
	I am safeguarded by making sure the right legal framework is used to support my discharge into the community and my involvement in decisions about me. This could include the Mental Capacity Act, Human Rights Act, Best Interests, Deprivation of Liberty, Ministry of Justice, Court of Protection, Mental Health Act, Children Act and others. Useful information on rights and the law: <ul style="list-style-type: none"> • <u>BILD resources: from parenting to workforce.</u> • <u>Advocacy toolkit on human rights.</u> 	Before discharge but also throughout being in hospital	Responsible clinician (RC) Approved mental health professional Social worker Advocate

Step	What should be happening?	By when?	Who will help me?
7. Leaving hospital and support afterwards	I leave hospital		Hospital discharge facilitator Community care coordinator
	There is a plan to follow up and keep in contact with me to see how things are going – the first visit is within one week of leaving hospital.	Within 1 week of discharge	Community care coordinator Inpatient team Responsible doctor
	Review meeting dates are set which include me, my family, paid carers and professionals who support me	Plan agreed at last MDT before leaving	Community care coordinator
	I know how to get extra support if I need it and this is set up. I have all the support I need to enjoy living in the community.		Community care coordinator
	My community care co-ordinator and responsible doctor keep checking to make sure I am OK.		Community care coordinator Doctor

If the person cannot decide for themselves, Best Interest decisions will be made applying the Mental Capacity Act 2005 and its code of practice.

Discharge Standards

Standard	How will it be measured?
<p>1. I have a named discharge facilitator in hospital, who is a member of my multidisciplinary team (MDT). This person will help me with my discharge planning – with me and the children and young people I choose.</p>	<p>This person is named on my admission document</p>
<p>2. I have a named CPA community care coordinator from the community team. This person makes sure all my health and social care needs are met after I leave hospital and works closely with me and others to plan my discharge, and have an important role in carrying out actions agreed as part of my CPA and CETR meetings.</p>	<p>Named on my admission and discharge documents</p>
<p>3. I have a named social worker who will support my discharge into the community. (This person may also be my CPA Care Coordinator)</p>	<p>Named on my discharge plan</p>
<p>4. I am supported to be involved in my discharge planning and in making plans for my future with the children and young people who are involved in and important to my care and support. I will have a copy of a discharge plan that is easy to understand, that shows the stages in my discharge plan, who is responsible for what, and by when. <u>An easy read Leaving Hospital Planner and an Independence Pack.</u></p>	<p>'Me and my family' will give feedback about how children and young people responsible for my care involve us in discharge planning. There will be a questionnaire for us to fill in from the provider. My discharge plan will show how involved I am too.</p>
<p>5. Keeping in touch with friends and family: While I am in hospital I will have support to maintain my relationships with the family and friends I choose to. This will help me when I leave hospital.</p>	<p>There will be a questionnaire for us to fill in from the provider, written in a way we can understand.</p>
<p>6. I will have a named advocate who is independent of the people who provide my care. This person knows me well and helps me speak up or speaks up for me.</p>	<p>This person is named on my discharge plan and on my admission document.</p>
<p>7. While I am in hospital and before I am discharged, I will have full and regular reviews of my medication to make sure I am not taking medicines that I don't need and to find other ways of helping me.</p>	<p>Medication reviews will be shown on my discharge documents, letters to or from my GP, responsible clinician and community team.</p>
<p>8. Meetings held to plan for my future will include my hopes and wishes and will include the people I want to be there. Meetings will be easy to understand so I can take part. Information will be provided in a way I can understand. Future plans will also support any needs I have that are caused by my experiences before or in hospital (e.g. trauma). Plans will include what extra support needs I have because of this while supporting me to be as independent as possible.</p>	<p>I will give feedback about how this goes. There will be a questionnaire for me to fill in from the provider, written in a way I can understand.</p>

Standard	How will it be measured?
<p>9. The Responsible Clinician (RC) will support my discharge, offering advice and guidance to the discharge facilitator and both inpatient and community multidisciplinary teams (MDT) during my admission. The RC will be active in dealing with the Ministry of Justice if this applies to me. The RC will work closely with me and my family to support my future community package. The RC will make sure actions from Care and Treatment Reviews are carried out. The RC will also work with the community team doctor who will provide my future health care.</p>	<p>'Me and my family' will be able to ask the RC how all these things are going.</p>
<p>10. Planning for my future life outside of hospital while I am in hospital. Plans put in place to support me in hospital will also support me to make a good move into the community. This could include being supported to take more risks as I grow in confidence, skills and independence.</p>	<p>Care plans will show how I am gaining in confidence, skills and independence for leaving hospital.</p>

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