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| COMPLEX CARE RESPONSE (CCR)GUIDANCE FOR PRACTITIONERS |

Document Control

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| V3 | Procedural review.   * Reporting forms revised. * KCHFT generic CCR email. * KPIs introduced. * CCR training is essential to role. | May-20 | CCR in Practice Group |
| V4 | * KMPT generic CCR email address. * Incomplete forms will be returned. * CCR Champions list reviewed. | Jul-20 | CCR in Practice Group |

**Complex Care Response**

# Complex Care Response (CCR) Flowchart

**Complex Care Pathway (please read with Guidance for Practitioners document)**

**Concern** **raised** around a person with learning disabilities with mental health problem or challenging behaviour who may be at **risk** of (imminent or non-imminent) placement breakdown or specialist hospital admission

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Member of the team **initiates** CCR for individual

The team member flags, and discusses with key members of CLDT and MHLD identified for complex care response. CCR timelines are from 12 hours to 12 weeks.

*Same day response.*

**The person initiating the CCR:**

**1. Contact a local CCR Champion for guidance (see contact sheet) . NB: this is not a referral to MHLD.**

**2. Send initial completion of CCR form, and subsequent updates to:**

[**kmpt.mhld.ccr@nhs.net**](mailto:kmpt.mhld.ccr@nhs.net)

**and**

[**kentchft.ccrpathway@nhs.net**](mailto:kentchft.ccrpathway@nhs.net)

**3. The person initiating the CCR is responsible for organising the professional meetings/teleconferences**

**CCR form and HEF to be sent to the Adult LD administration team for acknowledgment at Area Leads meeting.**

**SCK&T -** [**kchft.DoverAndThanetAdmin@nhs.net**](mailto:kchft.DoverAndThanetAdmin@nhs.net)

**West Kent -** [**kentchft.westkentadmin@nhs.net**](mailto:kentchft.westkentadmin@nhs.net)

**DGSS -** [**kentchft.dgssadmin@nhs.net**](mailto:kentchft.dgssadmin@nhs.net)

**ACC -** [**kentchft.ashfordcanterburyadmin@nhs.net**](mailto:kentchft.ashfordcanterburyadmin@nhs.net)

*CCR Contacts*

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**Same day response: The CCR form (and risk assessment)** develop the **plan** proportionate to situation (this may be called a crisis or contingency plan). The CCR plan must be reviewed/updated and shared as appropriate.

Appendix 2

**Send updated CCR form**

**CCR intervention implemented.**

**On conclusion of the CCR episode; - update the original CCR form (including risk assessment). This must be completed by the person whom initiated the CCR with the professionals involved, the outcome details and ongoing care forms the care plan for ongoing interventions.**

# Guidance for Practitioners

1. **Purpose**

The Complex Care Response (CCR) can be initiated by **any** member of the multidisciplinary teams who support people with a learning disability (all partner agencies) in order to:

* **Provide proactive and pre-emptive support (including educative, training or support etc.) to the person and carers where there is likely to be difficulties which may indicate a future risk of breakdown in placement or support.**
* **Manage a breakdown/crisis in an individual’s community support arrangements where a breakdown is likely to happen without intensive MDT support**
* **Manage a breakdown / crisis in the community in order to prevent admission to hospital.**
* **Provide in-reach to acute mental health in-patient. We support these services with reasonable adjustments and to help expedite timely discharge (including patients not previously known to LD services).**

**Process (also refer to the CCR flowchart)**

The following disciplines and services may be involved in the Complex Care Response depending on the need of the person to be supported;

* Care Manager/Social Worker working with the person [Kent County Council (KCC)]

Community Learning Disability (LD) Nursing [Kent Community Health Foundation Trust (KCHFT)]

* Mental Health Learning Disability (MHLD) Nursing [Kent & Medway Partnership Trust (KMPT)]
* Psychology [KMPT]
* Psychiatry [KMPT]
* Speech and Language Therapy [KCHFT]
* Occupational Therapy [KCHFT]
* Other professionals as identified (Physiotherapy, Vision & Hearing, etc.)

1. Each CCR episode is intended to agree intensive interventions which may be **from 24 hours to 12 weeks in duration**. No single episode of CCR should last for longer than 12 weeks.
2. The CCR may be initiated during office hours. If out of hours, then the CCR will be initiated the next working day
3. The client will receive a same day response by key professionals identified.
4. A 72 hour crisis/contingency plan will be agreed and shared across all agencies *(which may include additional 1:1 support, daily monitoring by MHLD, urgent medical investigations, medication and/or behaviour management strategies – not exhaustive).* This plan must be entered on respective person we support electronic patient record.
5. If admission to local acute mental health is required due to a relapse of a mental illness, MHLD and KCHFT LD professionals will provide in-reach to support the assessment and treatment process (reasonable adjustments) with a view to discharging the person as soon as the their mental state has stabilised.
6. If admission for a mental health problem has taken place outside normal working hours by the CRHT, MHLD will provide in-reach at the earliest opportunity during the next working day and as required thereafter.
7. If there are any issues, or further advice needed relating to a Complex Care Response please discuss with CCR Champion and escalate to Service Manager/Professional Lead if necessary.

*In addition, there will be ‘Safe Accommodation’ as part of the Complex Care Response as an alternative to hospital admission. (Not yet available).*

**Initial Concern**

*Concern raised around a person with learning disabilities with mental health problem or challenging behaviour who may be at risk of (imminent or non-imminent) placement breakdown or specialist hospital admission.*

### **The Process for Completing the Complex Care Response Forms**

* The person initiating the CCR will start a new CCR form, including a summary of required needs, professionals required, professional meeting and risk management plan with clear actions (a copy of the form to be sent to): [kmpt.mhld.ccr@nhs.net](mailto:kmpt.mhld.ccr@nhs.net) **and** [kentchft.ccrpathway@nhs.net](mailto:kentchft.ccrpathway@nhs.net))
* Please log/record for each person in their catchment area for whom a CCR has been initiated. This should be completed at the local allocation meeting.
* The CCR form is sent to the Locality Teams administrator responsible for allocation meeting for their patch. (See contact list).
* The person initiating the CCR can be supported by the Locality HEF Champion to complete a HEF.

Following agreed conclusion of CCR, the original CCR form is updated. \* No later than 12 weeks after the initiating the CCR and sent to

[kmpt.mhld.ccr@nhs.net](mailto:kmpt.mhld.ccr@nhs.net) **and** [kentchft.ccrpathway@nhs.net](mailto:kentchft.ccrpathway@nhs.net).

**\* Please note any incomplete forms will be returned \***

CCR

The member of team initiates Complex Care Response for individual, the member of team flags, and discusses with key members of CLDT and MHLD identified for complex care response. Complex Care Response timelines are from 12 hours to 12 weeks.

The person initiating the CCR has the responsibility for the leading in the process, if administration support is required please see the administration team email below or contact sheet.

1. Complete CCR form with brief summary and proposed plan, fill in the Risk Assessment, contact a local CCR Champion, complete a teleconference, arrange a professional meeting for case discussion, regularly review risk assessment with MDT, families, and Carers, and send risk to all involved. Send CCR form to:

[kmpt.mhld.ccr@nhs.net](mailto:kmpt.mhld.ccr@nhs.net) **and** [kentchft.ccrpathway@nhs.net](mailto:kentchft.ccrpathway@nhs.net).

1. When developing the CCR plan identify the time frames for involving professionals at a planned stage.
2. On conclusion of the CCR episode, the original CCR form, including risk assessment must be completed by the person whom initiated the CCR with the professionals involved, including dates for all professions involved and final provides/contribute to the persons care plan. Send completed CCR form to:

[kmpt.mhld.ccr@nhs.net](mailto:kmpt.mhld.ccr@nhs.net) **and** [kentchft.ccrpathway@nhs.net](mailto:kentchft.ccrpathway@nhs.net).

1. The people we support can go in and out of the CCR process as many times as required the time frames are from 12 hours to 12 weeks.
2. **Key Performance Indicators**
3. 95% of people on CCR pathway have a closure date, support plan and risk assessment review within 12 week period with
4. 100% of CCR with same day response by a member of the Alliance
5. 85% of persons on a CCR are not admitted to specialist assessment and treatment Centre out of county
6. Reduction in risk score and safety following closure review
7. **Monitoring Arrangements**

Performance, compliance and satisfaction of CCRs are undertaken at bi-monthly CCR in Practice meetings, which are attended by representative of each pathway of the Alliance. This includes operational issues, county-wide themes and trends, training needs, positive practice and outcomes.