

Care and Treatment Reviews (CTRs) and Dynamic Support Registers (DSRs)

Guidance for Adult Social Care

This guidance is for people working in adult social care who have roles and responsibilities in the use and delivery of CTRs and DSRs under the Mental Health Act (MHA).

Background

Under the reforms to the Mental Health Act, due regard to the information and recommendations from CTRs and DSRs are now required under the law. Integrated Care Boards (ICBs) and local authorities must demonstrate this regard when making decisions around a person's care, and in the commissioning of care services.

In practice, CTRs and DSRs both contribute together to supporting people to avoid unnecessary admissions and stays within a specialist learning disability or mental health hospital, and to support people to transition from hospital and receive care at home or within the community.

This guidance explores CTRs and DSRs in the context of adult social care, and the roles and responsibilities of those who work within the sector.

Care and Treatment Reviews (CTRs)

What is a CTR?

A Care and Treatment Review is a person-centred review for people who are autistic and/or have a learning disability, to ensure that their care and treatment are delivered in the least restrictive way, and/or to avoid their unnecessary admission to a learning disability or mental health hospital under the Mental Health Act.

Within the community, a CTR supports people who are determined to be at risk of being admitted into hospital under the MHA, because of a mental health condition or because of challenging behaviour, and to look at alternative care and support options to avoid admission.

In a hospital setting, a CTR looks at ways to minimise the person's length of stay and agree on actions to support their discharge into a community setting. These reviews take place every 6 months, or 12 months for secure services, and 3 months for

children and young people under 18; and initially at the start of a person's admission if no community CTR has been completed.

CTRs are centred around minimising restrictive practice and detention involving a person's care and treatment and have been strengthened as statutory requirements under recent reforms to the MHA. Health and care professionals must now demonstrate clear regard to these reviews in decisions involving the treatment, support, discharge and transition of people into community care settings.

CTRs speak to key values and principles underpinning the reformed MHA:

The person as an individual – Respecting people as individuals with different needs, priorities and aspirations, and not treating them like they are a 'diagnosis'.

Choice and autonomy – Respecting the will, preferences and dignity of people detained under the act, and that they are reflected in professional decisions.

Least restriction – Ensuring the act is used in the least restrictive way, considering alternatives to detention.

Therapeutic benefit - Services need to be delivered in a way that minimises the need for detention under the act, and focuses on recovery that minimises time spent in detention.

“Being involved in my CTRs gave me a voice, and it made me feel like I had control over a situation that I'd never had before. It helped guide the professionals in the way they needed to work with me”

Amy (Expert by Experience)

Assembling and Delivering a CTR

CTRs involve the assembly of a panel of people that can support a person's review, whilst ensuring they are at the centre of the review and taking part.

CTRs are initially set up and chaired by a commissioner (representing the local authority funding the person's care, treatment and support), and should include the person involved, their family and/or advocates, a multi-disciplinary team of health and social care staff involved in the person's treatment and care, an expert with lived experience (who could be a carer, an autistic person, or a person with a learning disability) and a clinical expert.

If you work in a commissioning role, you may be responsible for setting up a CTR for a person accessing care and treatment either in a hospital or community setting. NHS England has set out clear policy and toolkit guidance on its website for establishing and chairing a CTR. [Find out more in the NHS guidance.](#)

If your role involves the coordination and/or delivery of care and support for the person involved in the CTR, you may be asked to attend the CTR as part of a wider multi-disciplinary team of health and care staff.

If you are an advocate or carer to the person involved, you may be asked to attend in this role or to support as a person with expertise and experience.

In the context of CTR outcomes for social care staff:

Community CTRs should produce a series of clear actions for people who are currently involved in a person's care, which could involve changes and improvements to their care to help support them better and improve outcomes, and help avoid an escalation or crisis that could lead to hospital admission.

Inpatient or hospital CTRs should also produce clear actions involving a person's care, but these could include how to support a person's continued community connections whilst in hospital, and planning for appropriate and/or specialised care and support services that can support their discharge from hospital and transition back into the community.

"If CTRs continued into the community when someone's out of hospital, it would continue the accountability and the connection that an individual would have with the social worker and the team around them. I think it's a great way for professionals to get together and put support around that person, especially if the support team can see that the person might be going into crisis"

Amy (Expert by Experience)

The Role of Care Providers and CTRs

Care providers may play a key role within CTRs in the shared discussions and actions around the planning and delivery of care to help ensure the best outcomes for a person.

As part of these discussions, there can be clear accounting and evidence for how care and support is being delivered, and can help to improve a person's outcomes, and what changes or different care options may be appropriate.

Providers can help to ensure that the above review of care is properly considered under the CTR and is person-centred. Outcomes or concerns raised during CTR discussions need to be appropriately logged and actioned. There should also be an effort by everyone involved in the review to work in partnership, and to overcome challenges and barriers to achieve the best outcomes for the person involved.

Dynamic Support Registers (DSRs)

What is a DSR?

A Dynamic Support Register, often called a DSR, is a locally held list of autistic people or people with a learning disability who are identified as being at risk of

admission into hospital under the MHA. The risk could involve a risk of self-harm or harm to others due to behaviours that challenge.

The area and population coverage of a DSR is determined by the local Integrated Care Board (ICB). Local health and care systems need to agree, establish and meet standards in how information within a DSR is securely input, processed and shared.

DSRs are able to identify and stratify people facing the highest levels of risk, and/or complex health and care needs, and to coordinate appropriate review and response. Response may include the establishment and chairing of a CTR for the person at risk, and wider referrals for increased care and support.

Accordingly, we can see the relationship between DSRs and CTRs, and how the identification of risks and risk factors is critical in avoiding or reducing hospital admissions and restrictive practices in care.

Stratification of risks under a DSR need to be consistent, with an agreed system of risk measurement for people. The measurement standard is as follows:

Flag	Definition
Red	This flag is for people are at imminent high risk of hospital admission.
Amber	This flag is for people who are at a high risk of hospital admission if they are not supported with changes or improvements to their care and support soon.
Green	This flag is for people who are currently being supported well and where risks are being managed well.
Blue	This flag is for people who are currently receiving care and treatment in a hospital setting.

Local Governance and Oversight of the DSR

As people's circumstances and risks change, this must be dynamically reflected within the register, so people can be prioritised and supported appropriately.

DSRS must be managed and communicated responsibly. People might feel anxiety that being on the register represents a 'fast track' to hospital admission. It is important to communicate and assure that a DSR helps to ensure that care and support for a person is informed, coordinated and delivered early and preventatively, to help people at high risk avoid escalating difficulties.

A person must provide consent for being included on the DSR, and for the information to potentially be shared with others in the context of their ongoing care and support. This can be following a referral from a health or care professional, or a self-referral where a person can directly request to be included on the DSR.

A panel of people within the local system including health and social care professionals, and experts by experience, review referrals for people to be added onto the DSR, and in assessing the level of risk identified.

It is important for adult social care staff, including commissioners and social care practitioners, to be involved in supporting the governance and oversight of a DSR

within a local health and care system, that it is regularly reviewed and updated, and informs the delivery of CTRs following identification of people at high risk. There needs to be appropriate social care expertise involved in identifying people who are at risk, and that risks are recorded and stratified through the DSR so they can inform decisions and actions to meet people's needs.

The DSR should be a proactive tool that can support fast coordination of health and care services to support people at high risk, and to inform the delivery of person-centred CTRs to meet a person's changing needs.

DSRs are widely recognised as central to identifying those at risk, the support they need and ensuring this support is provided in a timely way to prevent crisis and admission. However, there is concern that whilst DSRs can be effective in identifying people at risk and the support they need, too often support is not put in place in a timely way – thus failing to prevent crisis and admission. Furthermore, people's experience is that if they are recognised as at risk, and their needs are recognised, but support is not put in place, people can become more unwell rather than better. Accordingly, people with lived experience have highlighted the importance of recommendations to be acted on by local areas and that this is specified within the code of practice.

CETRs and DSRs Working Together

Both CETRs and DSRs are important processes and responsibilities. They are tools through which organisations and services can be brought together through panels and multi-disciplinary teams to ensure proactive care and support for autistic people and people with learning disabilities, to avoid unnecessary admissions to hospital, to minimise lengths of stay in hospital, to minimise restrictive practices, and to support their care and support within the community or at home.

Supporting Links

- [Policy Guidance for CETRs & DSRs](#)
- [Care \(Education\) and Treatment Reviews – The Role of Health and Care Providers](#)
- [Dynamic Support Register and Care \(Education\) and Treatment Review Policy and Guidance](#)

[Skills for Care MHA e-Learning Modules](#)

These two e-learning modules provide a broad, engaging and interactive exploration of the reforms to the Mental Health Act, in the context of providing care and support to autistic people and people with learning disabilities.

[Skills for Care MHA Guidance Page](#)

This page contains wider downloadable MHA guidance resources for adult social care staff including:

- Overview of the MHA
- Guidance on Practice Leadership and the MHA
- Guidance on Positive Behavioural Support & Restraint Reduction
- Guidance on Forensic Support and the MHA