

Committee: Health and Wellbeing Board

Date: 24 November 2015

Wards: All

Subject: Transforming Care

Lead officer: David Freeman, Director of Commissioning and Planning, Merton CCG

Contact officer: David Freeman

Recommendations:

- A. That the Health and Wellbeing Board notes the report.
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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

This report meets the recent requirement of NHS England for progress with Transforming Care in Merton to be reported to the Health and Wellbeing Board. This initial report provides a brief background and summary of the current position. The Board is asked to note that a fuller report including future actions will be provided at the next meeting.

2. BACKGROUND

Transforming Care is the NHS England programme designed to improve services for those people with learning disabilities who also have mental health needs and/or challenging behaviour, following the Winterbourne View Review and the government response in 2012.

NHS England has recently set a series of Transforming Care standards for Clinical Commissioning Groups, one of which includes the requirement to report regularly on progress to the local Health and Wellbeing Board. This report sets out the arrangements and progress for those patients currently being reported under the Transforming Care requirements. A further paper at the next meeting of the Board will consider the wider requirements of the programme and what plans the local authority and CCG need to put in place to meet these.

3 DETAILS

Merton currently has three patients with learning disabilities or autistic spectrum disorders who are detained or placed in hospital settings, and so are reported nationally according to the Transforming Care requirements. All three patients are currently detained under Sec 3 or Sec 37 of the Mental Health Act 1983, for the purposes of treatment. None of the patients has been detained indefinitely and all are receiving active treatment.

London Borough of Merton leads on the case management of two of the patients, both of whom are allocated within the local authority's learning disability team. Merton CCG leads on the case management of the third patient who is allocated within the Merton Mental Health Recovery and Support Teams based at The Wilson Hospital.

Patient A is currently placed in a specialist learning disability locked rehabilitation service in Essex. Admitted July 2014. (Lead: LB Merton)

Patient B is currently placed in a specialist inpatient treatment service in East London. Admitted May 2015. (Lead: LB Merton)

Patient C is currently placed in a specialist ASD locked rehabilitation service in Essex. Admitted August 2012. (Lead: Merton CCG)

In December 2014, NHSE commenced arranging Care and Treatment Reviews (CTRs) which the patient's home CCG is required to chair. These are full multi-disciplinary reviews which also include the patient's family and the views of an expert by experience. The CTRs were held for patient A on 9 December 2014, patient B on 8 September 2015 and patient C on 6 January 2015.

All patients are regularly reviewed. Alternative options for accommodation are actively being sought for patients A and B in anticipation of them being ready for discharge over the next six months. Neither patient is currently ready for discharge. Patient C is still appropriately placed in hospital at this time.

Patient B is currently accommodated in a placement that is subject to CQC action. Following a recent CQC inspection, all further admissions have been suspended to this hospital until immediate improvements have been implemented. Despite this patient B seems to be flourishing in this placement. A safeguarding alert was also raised in the past month, this has been investigated and closed. The CCG Safeguarding Manager is aware of the alert. An extra meeting was convened to review the case with the CCG safeguarding manager. A CPA has been scheduled for the 20th November 2015.

4 ALTERNATIVE OPTIONS

None at this time.

5 CONSULTATION UNDERTAKEN OR PROPOSED

5.1. Not applicable.

6 TIMETABLE

6.1. NHS England and the Department of Health expect all patients with learning disabilities who no longer require hospital treatment to be discharged to alternative accommodation as quickly as possible. There are national annual trajectories.

6.2. The CCG and local authority will continue to be guided by clinical decision making in relation to each of these cases.

7 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

7.1. None at this time.

8 LEGAL AND STATUTORY IMPLICATIONS

8.1. This area is governed by mental health statute, regulations and guidance.

9 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

9.1. Transforming Care is designed to improve services for people who may have complex needs and whose human rights must be respected in how their care needs are met.

10 CRIME AND DISORDER IMPLICATIONS

10.1. None at this time.

11 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

11.1. Risk management will form a key part of the case management role within each organisation.

12 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

13 BACKGROUND PAPERS

13.1. None.

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