

Committee: Health and Wellbeing Board

Date: 19/04/16

Subject: Transforming Care

Wards: ALL

Subject:

Lead officer: Adam Doyle, Chief Officer, MCCG

Contact officer: James Holden (MCCG)

Recommendations:

A. Health and Wellbeing Board to confirm receipt of Transforming Care update

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 The purpose of this report is to inform the Health and Wellbeing Board about the new requirements of Merton Clinical Commissioning Group (CCG) and its partners locally, and to outline the actions being taken to implement Transforming Care on behalf of people with learning disabilities in Merton.
- 1.2 There have been number of recent documents published nationally that describe the new requirements for CCG and local authority areas. "Building the Right Support" (October 2015) presents a national plan to develop community services and close inpatient facilities for people with a learning disability and/or autistic spectrum disorder who display behaviour that challenges, including those with a mental health condition.
- 1.3 A new Transforming Care Partnership will bring together the commissioners responsible for funding health and social care for people with a learning disability and/or autism (CCGs, local authorities with their responsibilities for care and housing, NHS England specialised commissioning), with their budgets aligned or pooled as appropriate.
- 1.4 The report also updates the Health and Wellbeing Board on action undertaken against the Winterbourne View action plan. Regular reporting to the Board is a requirement of the new framework.

2.0 BACKGROUND

- 2.1 "Transforming Care" was published in 2012 as the Department of Health's response to the Winterbourne View inquiry and outlined actions that must be taken by local authorities, clinical commissioning groups and other partners to ensure that people with learning disabilities who currently live in hospital settings have their care needs reviewed and are supported to move to community placements where appropriate.

- 2.2 “Building the Right Support” was published in October 2015 and presents a national plan to develop community services and close inpatient facilities for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition. The document sets a challenging target for the reductions in the number of people in inpatient settings.
- 2.4 A new transforming care partnership will bring together the commissioners responsible for funding health and social care for people with a learning disability and/or autism (CCGs, local authorities with their responsibilities for care and housing, NHS England specialised commissioning), with their budgets aligned or pooled as appropriate. The partnerships must be established on a regional footprint, and so the South West London Transforming Care Partnership is made up of Croydon, Kingston, Merton, Richmond, Sutton, and Wandsworth.
- 2.5 In common with the other South West London CCGs, Merton has a very small inpatient population which is comprised of those people with learning disabilities whose mental health needs and/or challenging behaviour have not been successfully managed in the community. Further details are given in section 3.4 below.

3.0 DETAILS

SWL TRANSFORMATION DETAILS

- 3.1 Adam Doyle, Chief Officer, Merton CCG, is the nominated senior responsible officer for the newly formed South West London Transforming Care Partnership. The purpose of the South West London Transforming Care Partnership is to implement, monitor progress and provide assurance of the delivery of the Transforming Care Programme. A partnership board which meets monthly has been created which provides governance and leadership for all aspects of the Transforming Care Partnership to ensure programme targets are achieved. Assurance will be provided by:
- Monitoring progress against key milestones
 - Ensuring quality of the programme deliverables
 - Management of programme risks
 - Overseeing the development and implementation of the transformation plan
- 3.2 As a Transforming care partnership we have based our plans on a strong understanding of: the population we are seeking to achieve better outcomes for (both current inpatients and those in the community at risk of admission without the right support); how much money CCGs, local authorities and NHS England Specialised commissioners are currently spending on health and care for that population; which providers are delivering what services for that spend; and how the system is currently performing.
- 3.3 Collaborative work with CCGs, Local authority, NHS England Specialised commissioning, users, their families and carers has been carried out to inform

and progress the final SWL Transformation Plan which has been submitted to NHS England on 11th April 2016.

MERTON DETAILS

3.4 Merton currently has four 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 four 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.

3.5 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. The other two patients are allocated within the Merton Mental Health Recovery and Support Teams based at The Wilson Hospital.

4.0 ALTERNATIVE OPTIONS

4.1 None at this time

5.0 CONSULTATION UNDERTAKEN OR PROPOSED

5.1 Review of current care arrangements are undertaken with all individuals and their informal support networks on a regular basis

6.0 TIMETABLE

6.1 Submission of Final Transforming Care Partnership Plan to NHS England is 8 April 2015

7.0 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

7.1 NHS England's specialised commissioning budget for secure learning disability and autism services will be aligned with the new transforming care partnerships, and CCGs will be encouraged to pool their budgets with local authorities whilst recognising their continued responsibility for NHS Continuing Healthcare.

7.2 The financial implications of commissioning appropriate community settings will have to be considered with the aim of identifying value for money, cost-effective community-based alternatives.

8.0 LEGAL AND STATUTORY IMPLICATIONS

8.1 The needs of the affected individuals will need to continue to be met within appropriate provision which takes into account the nature and intensity of their

challenging behaviour and does not put them or others at inappropriate levels of risk.

9.0 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

9.1 These elements are intrinsic to the reviews already carried out with the individuals affected by this work and to the consideration of future placements appropriate to the level of their need and the assessment of risk to themselves and others.

10.0 CRIME AND DISORDER IMPLICATIONS

10.1 None

11.0 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

11.1 Risk Assessments will be completed which will evaluate the health and safety implications and risk management considerations of the individuals leaving their current care settings and being accommodated within alternative care and support environments.

11.2 These risk assessments will need to include an appraisal of risks not only to the people who directly involved in such potential moves, but to others who may subsequently be affected by the challenging behaviour of these individuals in potential community placements

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

12.1 None

13.0 BACKGROUND PAPERS

13.1 Building the Right Support – A national plan to develop community services and close inpatient facilities for people with a learning disability and/or autism who display behaviour that challenges including those with a mental health condition

<https://www.england.nhs.uk/wp-content/uploads/2015/10/ld-nat-imp-plan-oct15.pdf>