

NHS BOLTON CLINICAL COMMISSIONING GROUP

AGENDA ITEM NO:11.....

Date of Meeting:27th April 2018.....

TITLE OF REPORT:	Learning Disability: Transforming Care Update Q2 2017/18.
AUTHORS:	Chris Makin – Interim Commissioning Manager, Learning Disabilities, Bolton Council.
PRESENTED BY:	Tim Bryant Head of Commissioning, Bolton Council.
PURPOSE OF PAPER: (Linking to Strategic Objectives)	<p>This report seeks to inform the Board in relation to Transforming Care and repatriation of Bolton residents from out of area secure and specialist hospital provision.</p> <p>The joint Transforming Care programme for Bolton CCG and Bolton Council links to the following CCG Strategic priorities:</p> <p>Strategic Priority 2: Improving the quality and experience of care.</p> <p>Strategic Priority 3: Ensuring best value of our budget.</p>
RECOMMENDATION TO THE BOARD: (Please be clear if decision required, or for noting)	<p>Note and comment on the content of the report in regards to:</p> <ol style="list-style-type: none"> 1. The progress on resettlement and actions proposed to mitigate and secure delivery of local, Greater Manchester and national (NHSE) priorities and, 2. local service transformation
COMMITTEES/GROUPS PREVIOUSLY CONSULTED:	Bolton Health and Wellbeing Board.
VIEW OF THE PATIENTS, CARERS OR THE PUBLIC, AND THE EXTENT OF THEIR INVOLVEMENT	Involvement of patients, carers and public has been secured throughout via local and GM level ‘challenge’ events.
EQUALITY IMPACT ASSESSMENT (EIA) COMPLETED & OUTCOME OF ASSESSMENT	No EIA required for the update.

Transforming Care Update: Quarter 1 2018/19

This report seeks to update members of Bolton CCG Board on progress made by Bolton's Health and Care services in meeting the Department of Health's report 'Transforming Care' a national response to Winterbourne View Hospital which is due to come to an end in 2019.

This report updates on the resettlement programme and local service transformation.

1. Background and Executive Summary

1.1 Bolton Council and NHS Bolton CCG has been working as part of the Greater Manchester Fast Track Transforming Care Partnership (TCP) to close up to half of the inpatient capacity for learning disabled people over a three years period (ending March 2019) and build community capacity to deliver better community services with greater flexibility to support learning disabled people who display challenging behaviour and their families.

1.2 As part of the Greater Manchester Fast Track Transforming Care Partnership Bolton Council and the CCG were set the objective of reducing the numbers of learning disabled people detained in CCG funded inpatient beds to 3 people by 31/03/19. In April 2016 Bolton had 11 people detained in CCG funded placements. This number reduced to 5 people by the time of the last report to this Board (Nov 2017).

1.3 However, despite increased community support, two individuals were admitted to a mental health beds in Q4 of 2017/18 (one of which was discharged whilst being detained on Section 2 MH Act). Bolton's current position is now **6** people detained in non-secure beds (CCG funded beds) and **7** learning disabled people (and / or autism) detained in secure service beds (beds funded by NHS England).

1.4 A further supported living development is now underway in Bolton that will allow 5 more people to step down from hospital settings (one from a specialist NHSE placement) by the end of Q4 2018/19 and so achieve the required trajectory by the GM Transforming Care Plan

2 Reducing Inpatient Capacity

2.1 Current Position (as of 31/03/18): Number of learning disabled people detained in **non-secure** facilities (CCG funded beds): 6. Number of learning disabled people in **secure** facilities (NHSE funded beds) 7. **Total: 13**

2.2 In Q1 (2016/17) the trajectory for Bolton set by GM was to reduce number of inpatients to 8 by March 2019 (3 patients non secure and 5 patients secure).

Bolton has a supported living development in progress to meet its agreed trajectory and is also supporting the discharge of people currently in secure placements directly into the community.

2.3 Risks to achieving the secure and non-secure trajectory are as follows:

- **Cost:** The cost of resettling patients into community placements is proving to be very expensive. Recent discharges into community placements do fall within Bolton's 'top 30' of high cost packages. Mitigation: System planning. Planning is occurring at both a local and GM level to ensure that packages are appropriate to need.
- **Legal:** The patients being resettled have a high level of individual complex needs; require ongoing restrictions in their environments, either to keep them or others safe. This requires authorisation under the Deprivation of Liberty Safeguards (DoLS), either via standard authorisation route (if a patient is transferring to a residential setting) or via the Court of Protection. To ensure a successful discharge requires a gradual transition plan, high quality person centred support and fulfilment of these stipulated legal requirements. These legal issues can be further complicated if patients are also subject to Ministry of Justice restrictions (section 41 of the Mental Health Act).
- **New Admissions:** Bolton has recently experienced a small number of admissions (2) to hospital settings for the Transforming Care cohort. This is due mainly to a deterioration of the person's mental health to a point at which detention under the MH Act is required. This may not fit with NHSE trajectories, however, if a person needs to be admitted to hospital then they should be. Commissioners and integrated services mitigate against this through the CTR process to ensure that any admission is prevented (if possible) and if required kept to a minimum length of time, safely.
- **Unforeseen Circumstances:** There have been and are elements of project developments that have fallen outside of the control of commissioners. For example the changes to guidance for CQC registration of residential (and potentially supported living) homes beyond 6 units. Another example is planning permission issues that slow or stop developments. Communication with and inclusion at the earliest stage seeks to mitigate against these types of issues

3. Updates

3.1 In Bolton providers of care for this client group can now be accessed from the Transforming Care framework which focuses on provider skills as well as the quality

of provision, reflected in CQC ratings. Any procurement for Transforming Care Services is now be delivered through the newly developed GM Flexible Purchasing System, which not only shortens the tender process, but also offers more flexible and efficient commissioning from large 'procurement' tenders to mini competitions between providers to individual packages of care.

4 Recommendations

4.1 NHS Bolton Clinical Commissioning Group Governing Body Board is asked to note and support the content of the report.

Name of person presenting the paper: Tim Bryant
Title: Head of Commissioning, Bolton Council.
Date: 27th April 2018.