Somerset Partnership NHS
NHS Foundation Trust

OUT OF AREA TREATMENTS POLICY

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Relevant Staff Group/s:	All Mental Health Services/Staff

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DOCUMENT CONTROL

Reference	**Version**	**Status**	**Author**
SS/ES/Nov16/OATS	5	Final	Named Patient Manager/Service Manager Specialist Services

Amendments:

- Changes to the relationship with Somerset Local Authority in terms of the former agreements between the two organisations and the discontinuation of the formal Joint Panel arrangements.
- The impact of the national Transforming Care agenda on placement decisions
- The implementation of the Care Act (Oct 2014)

Document objectives: Sets out the purpose and the process for the placement and management of the patients who require an Out of Area Treatments (OATS).

Intended recipients: All Trust Mental Health staff

Committee/Group Consulted: Somerset Partnership NHS Foundation Trust Panel Members

Monitoring arrangements and indicators: Chief Operating Officer, Finance Dept, Named Patient Manager and the permanent members of the Somerset Partnership NHS Foundation Trust Mental Health/OATS Panel

Training/resource implications: Important for all Trust staff involved in the OATS process to keep continuously updated with changes in national and local funding and practice policies and guidance.

Approving body and date	Clinical Governance Group	Date: September 2016
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Clinical Audit Standards	NO	N/A
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Contact for review	Named Patient Manager	
Lead Director	Chief Operating Officer	

CONTRIBUTION LIST Key individuals involved in developing the document

Name	Designation or Group
Sue Smith	Named Patient Manager
Eugene Stevenson	Head of Mental Health Placements & Specialist Services
Nick Woodhead	Mental Health Act Coordination Lead
Tim Rowsell	Placement Support Team Manager
Andrew Sinclair	Head of Corporate Business

CONTENTS

1. INTRODUCTION

1.1. Somerset Partnership NHS Foundation Trust is dedicated to providing quality mental health services to the people of Somerset. Within this commitment lies a process for the consideration of Out of Area Treatments, (OATS) which is viewed as both transparent and democratic. This process supports the treatment of people whose needs cannot be catered for locally at that time, but with a view of returning that person to Somerset at the earliest possible date. This policy sets out to provide Trust staff with the information of that process and the rationale for the Out of Area Treatments programme.

1.2 The Trust recognises the diverse nature of its service users and their carers. The Trust will ensure it takes into account the protected characteristics defined by the Equality Act 2010.

2. PURPOSE AND SCOPE

2.1 The purpose of this policy is to ensure there is a clear process in place, where appropriate, to enable clients whose needs cannot be met in Somerset to be able to receive the services they need elsewhere.

2.2 This is good practice for the population of Somerset, and provides person-centred care following a comprehensive needs assessment. The policy describes the Somerset Partnership Trust Mental Health/OATS Panel processes including the application and ongoing review process for individual Somerset residents with mental health needs

3. DUTIES AND RESPONSIBLITIES

3.1 Within Somerset Partnership NHS Foundation Trust, Out of Area Treatment for Named Patients is organised only on an exceptional basis. This will be funded only for those patients whose needs cannot be met by local services within Somerset, or where such services have been identified as not being cost effective to be provided by Somerset Partnership NHS Foundation Trust.

3.2 The Panel will take into consideration the requirements of the Transforming Care agenda when making placement recommendations. The Panel will also ensure any client who meets the criteria for Transforming Care will be added to the reporting process as instructed by NHS England. The Named Patient Manager will work with identified individuals within Somerset Partnership NHS Foundation Trust, Somerset CCG, Somerset Local Authority and the National and Local Transforming Care teams to assure all appropriate areas of the Transforming Care agenda are adhered to.

3.3 Consideration of Out of Area Treatment should include whether or not a provider outside the Somerset health community is able to offer a more appropriate service to the patient than the Trust can.

3.4 It follows that Out of Area Treatments will be agreed only on a planned basis with a clear objective for the placement agreed and provisional plans drawn up at the time of placement to return the patient to Somerset as soon as appropriate.

3.5 It also follows that no Out of Area Treatments will be agreed in emergency circumstances or because of local issues e.g. shortage of beds, lobbying by relatives, pressure from external bodies.

3.6 Lead responsibility for the Named Patients programme and expenditure lies with the Head of Mental Health Placements/Special Services The Named Patient Manager has the responsibility for chairing the Trust Mental Health/OATS Panel and the day-to-day management of the Named Patient process.

3.7 In addition the Medical Director has a responsibility for liaising and supporting consultant medical staff regarding presentation of cases to the Mental Health/OATS Panel in relation to the decision making process and working closely with the identified consultant.

3.8 All requests for placing patients outside Somerset will be considered in the Mental Health/OATS Panel, comprising senior/experienced clinicians and manager

4. EXPLANATIONS OF TERMS USED

- **OATS** – Out of Area Treatments
- **Named Patients** – Clients identified as requiring out of area treatments (usually long term).
- **Somerset Partnership Trust Mental Health /OATS Panel** – The decision-making process and review panel for out of area treatments and care placements/packages.

5. THE PROCESS FOR DECISION – MAKING, PLANNING AND REVIEW OF NAMED PATIENTS PROCESS

5.1 The role of the Mental Health/OATS Panel

- The Somerset Partnership NHS Foundation Trust has a multi disciplinary countywide panel. The role of the Panel is to facilitate discussion and offer support regarding complex care, treatment options, and/or possible placements
- The Panel will offer advice and discuss requests for funding. Discussions about funding in relation to identified needs are in the context of best value, existing Trust resources, the current care plan and risk assessment. Following completion of the discussions, the Panel makes recommendations, which are presented to the Head of Mental Health Placements/Special Services who makes the final decision. All decisions are conveyed to the individual presenting the case to Panel. All cases will be re-presented to the Panel for review within an agreed timescale.

5.2 The Panel Process

- For a case to be considered by the Panel, the care co-ordinator, in conjunction with the medical consultant (if required) and/or their team manager, should prepare the case for presentation and be prepared to present this verbally to the Panel, with the necessary Panel paperwork

e.g. Care Plan Approach (CPA) outcomes and indicators, mental health needs assessments, proposed care plan, risk assessment and must include the completed Panel Profile documentation.

- The case for Panel presentation should make it clear what the expectations are of the proposed out of area treatment and what provisional plans are being made to return the patient to Somerset.
- The request for a placement should always identify the particular treatment or intervention, which is deemed necessary and should not be focused on a particular location or unit. The Panel will consider whether the standard and quality of care proposed in the external placement is appropriate and reasonable in compliance with legal requirements (such as Care Quality Commission (CQC), and Somerset Partnership Trust Quality Monitoring Review process).
- In considering the request, the Panel will explore all possible alternatives including enhancements to local services in order to manage the person within Somerset. Consideration can be given to short term funding of such arrangements.
- Comprehensive notes on each client are added to their Rio clinical record regarding the discussion and decision by the panel. A list of attendees is noted on the Panel agenda which is retained by the Named Patient Manager.
- The Panel will make recommendations to the Head of Mental Health Placements & Specialist Services who will authorise the required funding. The opportunity should also be explored thoroughly for placement elsewhere within the Somerset health community rather than outside it if appropriate.
- The Panel will consider the level of risk both in making a recommendation for external placement and in recommending arrangements for the local management of the patient.
- Head of Mental Health Placements/Special Services for Named Patients will ensure that the Clinical Team keep the needs of patients under continuous review and explore the opportunities for local service development in Somerset or consider other service possibilities across the wider health community.

5.3 Decision Making Process for Cases that are Difficult to Manage

- It is in the nature of the provision of services to people with complex mental health needs, whose presenting needs are challenging to manage. This challenging presentation is not in itself a justification to place a patient outside Somerset.
- Where a patient presents with particular difficulties in their local management, Head of Mental Health Placements & Specialist Services should be advised and should consider the possibility of providing additional help including the possibility of additional funding, in order to manage the patient effectively and safely.

- In considering arrangements for those whose mental health needs are difficult to manage; care coordinators are encouraged to bring cases for discussion to the Mental Health/OATS/Panel in advance of a formal request for external placement, in order to facilitate consideration of alternative options.
- In certain circumstances, or in the case of the difficulty of finding a bed for a patient with highly complex management issues, the priority should be to accommodate the patient locally. If necessary and if appropriate to do so, this should be achieved by transferring a patient of lower dependency/needs to another placement. Where appropriate this placement should be supported with short term funding.
- Consideration will be given to providing additional support in the case of particular difficulties, to units and community teams in order to maintain patients within Somerset.
- Somerset Partnership NHS Foundation Trust follows the Southern Commissioning Group (SCG) Secure Hub model for accessing placement and funding for clients requiring high, medium or low secure hospital placement. To facilitate this process all Somerset Partnership NHS Foundation Trust clients requiring these facilities are regularly reviewed by the Mental Health/OATS Panel to ensure the placement continues to be appropriate and remains within identified timescales for discharge planning.
- The Named Patient Manager is responsible for liaising with the Somerset Partnership Trust Forensic Case Review Officer and other care coordinators to ensure all clients placed in secure services return to the Panel at least six monthly for updates on progress, discharge planning and review of service provision.

5.4 Management of External Placements

- For clients placed in high, medium and/or low secure facilities, the care coordination responsibilities fall with Somerset Partnership NHS Foundation Trust Forensic Team and in some cases will remain with other Somerset Partnership NHS Foundation Trust individual care coordinators
- The case management responsibilities for clients in high, medium and low secure facilities remain with the relevant case managers for the SCG. This process ensures a joined up approach to overall care management of clients placed out of area into high, medium or low secure facilities.
- For all other clients placed out of area into hospital, nursing and/or residential care, these individuals are care coordinated by members of the Placement Support Team and individual care coordinators across Somerset. For any client who is jointly funded between Somerset Partnership NHS Foundation Trust and Somerset County Council, the provision of care management is the responsibility of Somerset County Council and care coordination will remain with Somerset Partnership NHS Foundation Trust.

- All clients receiving an out of area placement/treatment will have a NHS contract in place to ensure the provider is fully compliant with the terms and guidance as set out in the NHS contract. These contracts are issued on an annual basis and are reviewed and updated by Named Patient Manager and Mental Health Patient Care Contracts/Quality Assurance Lead.

5.5 Links to other Panels and Panel Processes

- Somerset Partnership NHS Foundation Trust Mental Health/OATS Panel works alongside other agencies in the form of Joint Panels for clients who require service input from other statutory agencies such as Somerset Local Authority Adult Mental Health Social Care Panel, Somerset County Council Adult Social Care (ASC), Somerset County Council Learning Disabilities (LD) and Somerset County Council Children and Young Peoples Services. These panels are convened on a needs basis and are attended by the relevant service managers and care managers. There is no formal agreement and/or protocol in place at present to support this process.

- For adults with complex presentations where a multiagency/multidisciplinary approach is required a Complex Case Panel is convened. This panel consists of representatives from Somerset Partnership Trust, Somerset Clinical Commissioning Group (CCG), Commissioners from Somerset Local Authority and the local clinician (care coordinator and/or care manager). The purpose of this Panel is to discuss the complexity of the individual case and make informed decisions regarding future care, funding responsibilities and accessing suitable services through a formal commissioning/brokerage route.

- For children and young people under the age of eighteen years who are presenting with very complex and challenging needs and who require a range of services, a separate multiagency Panel is convened. These panels are arranged by the lead agency and representatives from all relevant agencies are expected to attend. Multi-agency work is in progress at this time to develop an agreed policy which will be attached as an appendix to this policy when available. Which organisation is the lead agency will depend on which children's service is leading, e.g. Education, Children and Families, CAMHS.

5.6 Continuing Review and Follow Up of External Placements

- Where in the circumstances described above and it has been agreed that a patient should be placed out of area, the local team who presented the case to the Panel, will be required to follow up the patient within the identified timescales. The care coordinator will provide regular updates to the Mental Health/OATS Panel on the patient's progress and plans for the return of the patient to Somerset.

- Head of Mental Health Placements & Specialist Services working with the Director of Finance and Business Development receive financial information on a monthly basis

6. TRAINING REQUIREMENTS

6.1 Training requirements for Panel members are to ensure Panel members keep updated with any changes to national and/or local legislation and guidance e.g. Mental Health Act Oct 2008, Mental Capacity Act 2007, National Framework for Continuing NHS Health Care and Funded Nursing Care 2007, NICE Guidelines, CQC Minimum Standards in Care Homes, Best Value Review, Care Act (Oct 2014)

7. EQUALITY IMPACT ASSESSMENT

7.1 All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. In addition, the Trust has identified Learning Disabilities as an additional tenth protected characteristic. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Equality and Diversity Lead who will then actively respond to the enquiry.

8. COUNTER FRAUD

8.1 The Trust is committed to the NHS Protect Counter Fraud Policy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

9. MONITORING COMPLIANCE AND EFFECTIVENESS

9.1 Monitoring arrangements for compliance and effectiveness

- Overall monitoring will be the responsibility of the Head of mental Health Placements/Specialist Services
- Day to day monitoring will be the responsibility of the Named Patient Manager
- Monitoring of placement costs will be the responsibility of the Finance & Performance Group and monthly finance information is provided

9.2 Responsibilities for conducting the monitoring

- The monitoring of this policy will be conducted by the Trust's Clinical Governance Group.
- Named Patient Manager and permanent Mental Health/OATS Panel members
- Internal Audit as required

9.3 Methodology to be used for monitoring

- Complaints monitoring

- Incident reporting and monitoring
- Raising of safeguarding issues
- External and/or Internal Audit

9.4 **Frequency of monitoring**

- Annual reviews of the Mental Health/OATS Panel process
- Patient Activity/Cost Schedule reviewed monthly at Panel meetings.
- Monthly information provided for Head of Mental Health Placements/Special Services and the Director of Finance and Business Development.

9.5 **Process for reviewing results and ensuring improvements in performance occur.**

- Audit results would be presented to the Clinical Effectiveness Group for consideration, identifying good practice, any shortfalls, action points and development recommendations. This Group will be responsible for ensuring improvements, where necessary, are implemented.
- A brief of any audit (internal or external audit review) will be provided to Mental Health/ OATS permanent Panel members.
- Audit results would be fed into the annual Panel review process.
- Named Patients Manager and take feedback from care coordinators and managers who present the cases to the Panel.

10. RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS

10.1 Under the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3), the fundamental standards** which inform this procedural document, are set out in the following regulations:

Regulation 9:	Person-centred care
Regulation 10:	Dignity and respect
Regulation 11:	Need for consent
Regulation 12:	Safe care and treatment
Regulation 13:	Safeguarding service users from abuse and improper treatment
Regulation 14:	Meeting nutritional and hydration needs
Regulation 15:	Premises and equipment
Regulation 16:	Receiving and acting on complaints
Regulation 17:	Good governance
Regulation 18:	Staffing
Regulation 19:	Fit and proper persons employed
Regulation 20:	Duty of candour
Regulation 20A:	Requirement as to display of performance assessments.

10.2 Under the **CQC (Registration) Regulations 2009 (Part 4)** the requirements which inform this procedural document are set out in the following regulations:

Regulation 18:	Notification of other incidents

10.3 Detailed guidance on meeting the requirements can be found at http://www.cqc.org.uk/sites/default/files/20150311%20Guidance%20for%20providers%20on%20meeting%20the%20regulations%20FINAL%20FOR%20PUBLISHING.pdf

10.4 **Relevant National Requirements**

The New NHS: Guidance on Out of Area Treatments Health Service Circular, HSC 1999/117 (Department of Health May 1999)

Best Value: Department of Health (2002

Who Pays? Determining responsibility for payments to providers (Department of Health, September 2013)

11. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS

11.1 **References**

Department of Health, (May 1999), *The New NHS: Guidance on Out of Area Treatments HSC 1999/117***,** DOH**,** Wetherby

Department of Health, (February 2000), *After-Care Under The Mental Health Act 1983, Section 117 After-Care Services HSC 2000/003: LAC (200)3***,** DOH 2000

Department of Health, (April 2005). *Mental Capacity Act 2005 for England and Wales.* DH, London

Department of Health, (May 2007***),*** *Independence, choice and risk: a guide to best practice in supported decision making.* DH, London

Department of Health, (June 2007), *The National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care***.** DH, London

Department of Health, (September 2007). *Who Pays? Establishing the Responsible Commissioner***,** DH, London

Department of Health, (September 2013). *Who Pays? Determining responsibility for payments to providers.* DH, London

Department of Health, (October 2014). *Care Act: Care and Support Statutory Guidance.* DH, London

Department of Health, (April 2016). *'Who Pays' amendment to the section on 'persons detained under the Mental Health Act 1983'.* DH London

NHS England, Association of Directors of Adult Social Care (ADASS), Local Government Association, (October 2014). 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 behaviours that challenge, including those with a mental health condition.* DH London.

11.2 ***Cross reference to other procedural documents***

Consent and Capacity to Examination and/or Treatment Policy

Equality and Diversity Policy

Integrated Care Programme Approach (ICPA) Policy

Risk Management Policy and Processes

All current policies and procedures are accessible in the policy section of the public website (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet.

12. APPENDICES

12.1 For the avoidance of any doubt the appendices in this policy are to constitute part of the body of this policy and shall be treated as such.

Appendix A	Mental Health/Oats Permanent Panel Members
Appendix B	2.10 'Who Pays' amendment to the section on 'persons detained under the Mental Health Act 1983'
Appendix C	Learning Disabilities/Mental Health Complex Patients Panel Terms of Reference

APPENDIX A

Somerset Partnership NHS Foundation Trust

OATS/RESIDENTIAL PERMANANT PANEL MEMBERS

NAME	JOB TITLE	BASE
Sue Smith (Chair)	Named Patients Manager	Mallard Court, Bridgwater
Eugene Stevenson	Head of Mental Health Placements and Specialist Services Manager	Mallard Court, Bridgwater
Tim Rowsell (Deputy Chair)	Placement Support Team Manager	Glanville House, Bridgwater
Tom Clifford	Operational Service Manager CHMT West Somerset	Foundation House, Taunton
Pauline Murphy	Operational Service Manager CMHT East Somerset	Holly Court, Yeovil
Nicky Giles	Senior OT	Holly Court, Yeovil
Dave Chapman	Case Review Officer, Forensic Liaison Team	Woodlands, Bridgwater
Mark Addison	Consultant Psychologist and Rapid Intervention Team Manager	Fiveways Resource Centre, Yeovil

Additional specialist managers and/or clinicians are invited to attend the Panel to give expert advice to Panel members as required, for example, representatives from the Eating Disorders Services, CAMHS, ward staff etc.

APPENDIX B

2.10 'Who Pays' amendment to the section on 'persons detained under the Mental Health Act 1983'

Purpose

1. This paper provides an:

    a. Update on the progress in reviewing the responsible commissioner 'Who Pays' guidance as related to persons detained under the 1983 Mental Health Act, and
    b. Amendment to the NHS England 'Who pays? Determining responsibility for payments to providers' guidance effective from 1st April 2016, with no retrospective impact on existing individuals in receipt of section 117 aftercare services and their commissioners.

Context

2. The recently published Learning Disability transformation plan: *Building the right support - a national plan to develop community services and close inpatient facilities for people with a learning disability* committed to revising Who Pays guidance in relation to section 117 of the Mental Health Act 1983:

    In addition, from November 2015, Who Pays guidance - determining responsibility for payment to providers - will be revised to facilitate swifter discharge from hospital of patients originating from one CCG but being discharged into a different local area. This will ensure continuity of care with responsibility remaining with one CCG rather than being passed from commissioner to commissioner.

3. As part of the Learning Disability Transforming Care Programme, we were asked to review the responsible commissioner guidance and, in particular, section 117 of the 1983 Mental Health Act. Given that any proposed amendment would impact on both learning disability and mental health services, we have recently consulted with nursing and commissioning contacts in the regions, CCGs and specialised services to assess:

    - If they agree with the proposed amendments
    - To identify any major concerns/issues with the proposed amendments

4. Working through the transforming care agenda, the current guidance has been seen as a major factor in inhibiting hospital discharge as commissioners have not engaged fully in the process as CCGs have sometimes attempted to place someone into another CCG area then pass the funding responsibility for the person's package of support on to them as well. This has led to numerous disputes between commissioners.

Stakeholder views

5. From 32 communications with commissioners across the country, we have had 23 responses (72%) that were positive about the proposed changes, there were 3 responses (9%) against the change and the remaining 6 responses (19%) were neutral on the amendment.

6. The Finance Working Group and the NHS England Learning Disability Programme Board are both supportive of the changes proposed. We have also had discussions with the Department of Health who are supportive and are planning to repeal related elements of the 2012 Regulations with effect from 1st April 2016.

The original proposal

7. The aim is to revise the 'who pays' guidance during 2015/16. There will be no retrospective changes to the guidance so that no existing individuals currently in receipt of S117 aftercare service will be affected by the proposed change and CCGs do not have any significant change to their financial positions. Moreover, this change should not be seen as an opportunity for commissioners to rebase or undertake a retrospective transfer process as current commissioner - patient responsibilities will remain the same (unless there is mutual agreement between CCGs and is in the best interest of the individual).

8. We have also recognised that there is a need to implement this change as soon as possible rather than wait until a fully revised 'Who Pays' document is published. This is due to the need to attribute commissioning responsibility to current hospital in-patients who are requiring a discharge following a Care & Treatment Review.

9. The rationale for an amendment to the guidance focusses on the need:

    - To facilitate swifter discharge from hospital of patients originating from one CCG but being discharged into a different local area as specialist provision is not available locally. It should also increase commissioner motivation to maintain local services and help individuals stay in their local areas post discharge.
    - To make it clearer around responsibilities and enable better service planning.
    - To ensure continuity of care from the person's locality community team.

    Furthermore, the knowledge of and responsibility for the persons needs will remain with the responsible commissioner/CCG rather than be passed from commissioner to commissioner.

10. Following the consultation process, we have reviewed the correspondence and have reflected amendments in the revised guidance in the paragraphs below. It is intended that paragraphs 33 and 34 of the August 2013 'Who Pays' document will be replaced by the following sections *(in italics below)* effective from 01 April 2016.

‘*’If a person is detained for treatment under the Mental Health Act 1983, the responsible commissioner will be as set out in paragraph 1 of the ‘who pays’ guidance. Every effort should be made to determine GP practice registration or establish an address where they are usually resident, but if this fails and the patient refuses to assist, then as a last resort the responsible commissioner should be determined by the location of the unit providing treatment.*

It is the duty of both the CCG and the appropriate local authority to commission after-care services for those persons discharged from hospital following detention under one of the relevant sections of the Mental Health Act. The responsible CCG should be established by the usual means (see paragraph 1) for their typical secondary healthcare. However, if a patient who is resident in one area (CCG A) is discharged to another area (CCG B), it is then the responsibility of the CCG in the area where the patient moves (CCG B) to jointly work with CCG A, who will retain the responsibility to pay for their aftercare under section 117 of the Act as agreed with the appropriate local authority. The purpose of this is to ensure that the person has access to local clinical support and advice in the area they willbe moving to (CCG B), whilst remaining the commissioning responsibility of the original CCG (CCG A).

If a detained person who has been discharged, and is in receipt of services provided under section 117 of the Mental Health Act, is subsequently readmitted or recalled to hospital for assessment or treatment of their mental disorder, the responsible CCG will continue to be the CCG that is currently responsible for funding the aftercare under section 117 (except where the admission is into specialised commissioned services).

If a detained person who was registered with a GP in one area (CCG A) is discharged to another area (CCG B) and is in receipt of services provided under section 117 of the Mental Health Act) is subsequently readmitted or recalled to hospital for assessment or treatment of their mental disorder, it is the responsibility of CCG A to arrange and fund the admission to hospital (except where the admission is into specialised commissioned services). Furthermore, the originating CCG (CCG A) would remain responsible for the NHS contribution to their subsequent aftercare under S117 MHA, even where the person changes their GP practice (and associated CCG).

The table below should provide a useful distinction of the changing commissioner responsibilities for patients discharged under section 117.

• *Patients discharged pre 1 April 2013 come under the pre August 2013 PCT Who Pays Guidance and the legacy/originating CCG continues to be responsible for subsequent compulsory admissions under the MHA, and current and subsequent S117 services until such time as they are assessed to no longer need these services.*
• *Patients discharged between 1 April 2013 and 31 March 2016 fall under August 2013 Who Pays Guidance –CCG B would be responsible if a patient is discharged into a location in CCG B and registers with a GP in CCG B.*

- *New revised guidance from 1 April 2016 will revert back to the pre 1 April 2013 position where the legacy/originating CCG continues to be responsible in most cases."*

Further information

11. Please contact Tim Heneghan, Strategic Finance: email tim.heneghan@nhs.net for any further information on this guidance.

APPENDIX C

LEARNING DISABILITIES/ MENTAL HEALTH COMPLEX PATIENTS PANEL TERMS OF REFERENCE

1 PURPOSE

1.1 The purpose of the panel is to establish the extent and proportion of Health and Social Care needs for patients with complex needs who have a learning disability and mental health problems. Such patients will normally have previously been considered in panel discussions within Somerset Partnership NHS Foundation Trust or within Somerset County Council and will only be referred to this panel when this has not resulted in agreement over the health and social care responsibilities for their care.

1.2 It is expected that patients will normally be either:

- Patients requiring packages of care with complex health, residential and social care elements for whom a collaborative approach is needed between agencies

- Patients who require consideration under the Winterbourne View Programme of Action (DH 2012), i.e. patients with a Learning Disability or Autism and behaviours that challenge, currently placed in a hospital environment that is not appropriate for their needs and for whom a local package of care and support needs to be commissioned

- Patients with identified Sec 117 rights, who would potentially have come to the complex case panel in other circumstances due to their complexity. (they should not be referred to this panel solely because the Sec 117 panel cannot reach agreement on funding apportionment.

1.3 The panel will reach their decision by examining the evidence presented in the multi-disciplinary Single Assessment Documentation and the Decision Support Tool (see attached).

1.4 The panel is able to make the following decisions and recommendations:

- The individual meets / does not meet the eligibility criteria for the Winterbourne View programme of Actions (DH 2012)

- Case deferred for more information

- Recommend a care and treatment package and the relative proportions of funding from Health and Social Care needed to support it

- Ask for further work by Health and/or Social Care agencies to develop a package of care and treatment for the individual

2 COMPOSITION OF THE PANEL

2.1 Training will be made available for the Panel members, who will consist of the following professionals:

- Chair – Joint Commissioner Health or Social Care
- CHC representative
- Somerset County Council Community Directorate representative
- Somerset Partnership NHS FT representative

In attendance:

- Responsible Care Coordinators and involved professionals
- Observers from the multi-disciplinary teams may be present for professional development

3 INFORMATION PROVIDED TO THE PANEL

3.1 Each case will be presented within a file with the following sections:

- Correspondence
- Multi-disciplinary Team Assessment(s)
- Specialist assessments
- Medical records:
- GP / Medical notes & hospital notes

- Nursing Home records
- Other - including information provided by the Applicant, their family or representative

4 PROCESS FOR PANEL DECISION MAKING

4.1 Panel members will receive a copy of the case file containing all the information pertaining to the application five working days in advance of the panel meeting.

4.2 The panel chair will introduce the panel members and state the process for decision making.

4.3 Panel members will review the assessed health needs in each of the care domains within the Decision Support Tool and review the level of need with reference to the evidence presented.

4.4 Panel members will consider whether there is evidence of complexity, intensity, unpredictability and instability of the health care needs presented in the Single Assessment Process document and Decision Support Tool, and the supporting information. Care Coordinators and involved professionals may be asked to contribute their views and expand on the case material presented.

4.5 The Chair will ask the panel members to consider whether the sum total of the needs presented indicates a need for placement under the Winterbourne View Action Plan (DH 2012), and whether the evidence supplied supports the Multi-Disciplinary Team recommendations in the Decision Support Tool.

4.6 The Chair of the panel will take a view on the consensus opinion of the panel.

5 ACTION PLAN

5.1 Once the panel has made its decision an action plan will be developed for ongoing care planning and review and this may include recommendations for the commissioning of the care package.

5.2 Where the panel is unable to reach a decision about the placement, the panel will either request further information in respect of the application and this

may include referral for further specialist assessment, or further detail in relation to the multi-disciplinary assessment, or evidence of the care provided such as diary sheets.

5.3 Where the panel is unable to reach a consensus in decision making, the Chair will recommend that the application is referred for consideration by the next available panel where the panel members will be independent of the initial panel members.

5.4 If a second Panel is unable to reach a consensus in decision making the Chair will instigate the Somerset Clinical Commissioning Group Dispute Procedure.

6 COMMUNICATION OF THE DECISION

6.1 All minutes of the panel discussion and decision making will be checked and approved by the panel chair prior to being sent to the referrer and family members with a covering letter within 14 working days of the panel meeting.

6.2 Each referrer will receive an individual letter from the Panel Chair that sets out the panel decision within 14 working days of the panel meeting. This letter will include the following information:

- the evidence that was presented to the panel
- the rationale for the decision based on the evidence presented, and comment on the primary needs of the patient
- copies of the panel minutes, or the panel chair's rationale, that show the deliberations of the panel/ panel chair