

Oct 2021

**Letter sent via email to GMADASS  
To be shared with GM CCG Chief Operating Officers**

Dear Colleague,

**Greater Manchester Learning Disability and Autism Complex Needs Project**

We are writing to update you on the GM Complex needs programme which is linked to the 'bespoke commissioning' priority in the Greater Manchester Learning Disability Strategy. The main objective of this project is the development of a new approach to commissioning support across GM for people with complex needs (Learning Disabilities and Autism).

The individuals in scope are those people who are in a secure hospital and there is no local plan in place for discharge (some people have been in hospital for over 10 to 15 years without any discharge plans) and people who localities are struggling to find local provision for. The whole aim of this programme is to ensure people with a learning disability who live in the 10 boroughs are not detained unnecessarily and are discharged as soon as possible. We want to ensure people get the best possible quality of care and support in the right place at the right time, reducing the number of people placed out-of-area in hospital, ensuring a more person-centred approach and effective value for money.

As part of the Transforming Care Programme a collective needs assessment was undertaken in 2019 across all ten localities. The analysis identified the following four groups of people with similar needs dispersed across GM proving difficult to find suitable care and support for:

1. Men with LD and/autism and links to Ministry of Justice
2. Women with LD and /autism and experience of emotional trauma
3. Men with LD and/autism and behaviours that challenge
4. Men with LD and/autism and mental ill-health

These four cohorts of people are the initial focus for the project, with a proof-of-concept approach which will then enable learning and if successful, the ability to extend this approach to collaborative commissioning for other groups of people. A procurement exercise has been completed and a total of nine providers have been successful across the 4 cohorts.

The project has moved on significantly over the last few months and we are aiming to set up five new services in 2021/22, discharging a total of 20 inpatients. We have created a Memorandum of Understanding and Inter Locality Agreement for the project (Appendix 1).

The purpose of the MOU is to have clear arrangements across Greater Manchester Local Authorities and Clinical Commissioning Groups when commissioning through the complex needs project, setting out the roles and responsibilities of the placing authority and host authority, where these are different.

An individual Complex Needs Inter Locality Agreement will be produced for each proposed new service between the relevant placing and host localities. The placing localities will sign and agree. It is requested that as the place leads, the Chief Executive of the Council and Accountable Officer for the locality CCG (where different) sign the document. It will require the host locality Director of Adult Social Care sign off before any service goes ahead. It is proposed each locality area will only host one service.

The agreement will provide information about the proposed scheme and will include subgroup information, localities involved, provider support costs, property requirements and why the chosen property has been selected in that locality. The full provider support proposal and a project plan including timeline will be included as an appendix to the agreement.

We have shared the documents with GM ADASS, CCG and Local Authority commissioning contacts and they have also been presented at the Primary Care Cell.

As you can appreciate it's been a challenge to reach agreement on several areas, but we have methodically worked through the detail and tested the approach out many times. However, there are currently two key areas within the documents that we are working through with localities, these are S117 arrangements and CHC.

### **S117**

The intention that S117 responsibility remains with the originating locality even if the person is detained once placed outside of the locality who holds funding responsibility. This option could remove the risk that a host authority could become responsible for a person that has been placed through the complex needs project and is later detained.

### **CHC**

The MOU recommendations is to follow CCG Who Pays guidance, but if CHC funding is stopped and then following a reassessment is required again, the placing CCG will remain responsible, and this responsibility will not pass to the host authority.

CHC will not be withdrawn and any issues for continued funding requires the placing CCG/CHC team to liaise with the host area. Localities will otherwise adhere to the national guidance and acknowledge that different funding and quality arrangements apply for CHC.

As the people being placed through the project will have a range of complex needs and all will be on localities dynamic risk registers, there is a higher possibility that they could be detained and may be eligible for CHC funding. The proposed recommendations mean that responsibility remains with the placing locality and therefore does not put significant financial risk on host authorities.

An important point to note is that this project is not seeking to change anything or apply this MOU to anything else other than for a very small number of people within this particular project and agreement between GM localities will always be obtained before any service goes ahead. It also only applied to GM.

As CCG's are a key stakeholder in this project we would be grateful if you would review the documents. Could you please send any feedback or any queries to Deborah Simister, Programme Manager for Learning Disabilities at Greater Manchester Health and Social Care Partnership [Deborah.Simister@nhs.net](mailto:Deborah.Simister@nhs.net) by Monday 15<sup>th</sup> November 2021.

Yours sincerely



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