

Response from Nottingham and Nottinghamshire ICB in relation to NN-ICB 22 75

1. **Could you provide your actual inpatient rates for Transforming Care (learning disabilities & autism) patients for each year since 2015 to present.**

(Please see table 1 – 2)

2. **Could you provide your target rate for Transforming Care (learning disabilities & autism) patients for each corresponding year?**

(Please see table 1 - 2)

TABLE 1

Adults	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022	(To date) 2022/2023
(Actual) Inpatient Total	79	75	69	52	45	52	50	48
(Target) Inpatient Total	-	-	57	36	31	44	43	45

TABLE 2

The ICB does hold this information however, if the number is very low (5 or less) the information cannot be disclosed as it could potentially identify the individuals involved, especially if combined with other data, and this would constitute a breach of the Data Protection Act 2018. Therefore, this information is exempt from disclosure under section 40(2) of the Freedom of Information Act 2000 on the grounds that it is personal information.

As defined by the Data Protection Act, personal data constitutes as:

“Personal data” means any information relating to an identified or identifiable living individual.

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“Identifiable living individual” means a living individual who can be identified, directly or indirectly, in particular by reference to -

- (a) an identifier such as a name, an identification number, location data or an online identifier, or
- (b) one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of the individual

CYP	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022	(To date) 2022/2023
(Actual) Inpatient Total	≤5	≤5	≤5	≤5	≤5	≤5	≤5	≤5
(Target) Inpatient Total	3	3	3	3	3	3	3	3

3. Since 2015, have you required NHS England intervention or oversight at any stage relating to your delivery of Transforming Care services?

We have not had any formal intervention from NHS England in relation to our Transforming Care Programme but where we are not achieving our targets there is robust oversight of the systems performance by NHS England to ensure we are utilising all possible options to support this cohort of patients within our area. We also complete regular returns to NHSE and have regular catch ups (fortnightly) on the programme.

4. How many of your inpatients since 2015 have been discharged into private hospital or healthcare settings?

The ICB has historical figures from the CCG dating back to 2017. This shows that there has been a total of: 38 individuals who have transferred between hospital settings.

- 20 of these have transferred into Private providers – majority to secure services
- 18 of these have transferred in to ICB (CCG) beds.

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The Nottingham and Nottinghamshire system have significantly reduced the reliance on inpatient care since 2015 for people with Learning Disabilities (LD) and/or Autism Spectrum Disorder (ASD), and like other systems nationally, have focussed on discharging people from inpatient beds into community-based pathways.

Inpatient provision is provided in the East Midlands in both NHS and independent settings at all levels of security, and occasionally people with step down from one provision to another inpatient provision, e.g., secure inpatient to rehab inpatient. We would not however consider these to be true discharges but transfers between levels of provision.

When people are discharged, we aim for them to access community-based housing with support within the county of Nottinghamshire either in their own tenancy or within a residential service, whichever is most appropriate. The commissioning of community based residential and supported living services is led by the responsible local authority and providers join preferred provider frameworks via public tender processes.

The providers of community-based services which many patients are discharged into are a mixture of charities, private, public and third sector organisations. Most of this provision is within the private care sector.

5. How much have you spent on delivering Transforming Care services each year since 2015?

Nottingham and Nottinghamshire ICB has bid for specific additional funding in most financial years since 2015 to support the LD/ASD transformation programme and particularly to commission new community-based services. The average additional spend per financial year since 2015 has been 2.4 million.

It is important to note that in addition to the additional revenue that has been received, the system has reviewed its entire operating model and made changes to services by reducing its reliance on inpatient beds, and recycled funding into newer and more sustainable service models that align more closely to the national service model set out in "Building the Right Support".

Year	16/17	17/18	18/19	19/20	20/21	21/22	22/23 forecast	Average
Additional Spend	1,214,000	655,000	2,461,000	2,428,000	2,384,000	3,579,000	4,035,000	2,393,714

6. If mechanical restraint is used within your organisation, how many recorded instances of its use have there been each year since 2015?

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As an ICB we do not have direct contact with patients where it would be required to undertake mechanical restraint: therefore, mechanical restraint is not used within our organisation. This would be something that may be utilised within provider organisations.

We maintain oversight of the use of all restrictive practices including the use of seclusion/segregation and mechanical restraint and we review these with our providers through our Care and Treatment Reviews, 6–8-week commissioner oversight visits, and Safe and Well Reviews that were implemented in 2021/22. Since 2021 we have been recording Restraints on Assuring Transformation (for only our in-patients who are in ICB commissioned hospital beds) and there have been 0 instances of mechanical restraint.

7. If mechanical restraint is used within your organisation, what are the methods of mechanical restraint currently used?

The ICB is a commissioning/strategic organisation and not a provider of direct services. We commission a range of LD/ASD services which are predominantly community-based services as well as a small range of acute assessment and rehabilitation inpatient services.

Several inpatients access secure/forensic inpatient services, and these are commissioned separately by NHSE in conjunction with secure provider collaboratives and as such the contractual oversight for these is not directly with the ICB. If any restrictive practice is being implemented by providers this is required to be recorded and reported internally, as well as reported to the commissioner.

Providers are mandated to demonstrate that restrictive practices are only implemented by a Multi-Disciplinary Team (MDT) in response to a specific, time limited and regularly reviewed care plan: all restrictive practices are scrutinised and reviewed by the MDT through the Care Programme Approach process as well as externally by an independent Clinical Reviewer, an independent Expert by Experience, and the commissioner of the placement, through the Care and Treatment Review (CTR)/Care Education and Treatment Review (CeTR) process.

8. How often are these methods and guidelines reviewed and, if necessary, updated?

National policy sets guidance regarding the use of restrictive practices including restraint, seclusion etc and providers are mandated to update all care plans and implementation of restrictive practices in line with national policy/guidelines/good practice.

On an individual patient level all inpatients with LD/ASD are regularly reviewed within the processes set out in questions 6 and 7 above. Our largest provider has a specific forum aimed at reducing the use of restrictive practices of all types and across all clinical areas and the ICB is a member of the reducing restrictive practices forum. There is also specific Expert by Experience and family/carers representation at the group.