

**AGENDA ITEM**

**REPORT TO HEALTH AND  
WELL BEING BOARD**

**25 NOVEMBER 2015**

**REPORT OF CLINICAL  
COMMISSIONING  
GROUP**

**Learning Disability Transformation -Regional Fast Track**

**SUMMARY**

To update the Health and Wellbeing Board on progress regarding the North East and Cumbria Fast Track programme.

**RECOMMENDATIONS**

The Health and Wellbeing Board is recommended to:

1. Support and agree the Regional Plan, in particular the Tees Locality Plan which is embedded in the North East and Cumbria Fast Track plan (attached).
2. Agree to receive regular updates on the local progress in relation to Fast Track implementation.

**DETAIL**

1. During the 1990s and 2000s there were many resettlement programmes for people with learning disabilities. However, there is still an over reliance on hospital settings for the care of people with learning disabilities and/or autism. Following the Winterbourne View scandal and the Bubb report, the transformation programme was developed.

By improving community infrastructure, supporting the workforce, avoiding crisis, earlier intervention and prevention we will be able to support people in the community so avoiding the need for hospital admission. This will result in systematic closure of learning disability in-patient hospital beds over the next 5 years across the North East and Cumbria.

The Transforming Care guidance highlights the importance of local partnership working between commissioners from local government and the NHS with an emphasis on the oversight and support of Health and Wellbeing Boards.

Nationally the Learning Disabilities Transforming Care Programme aims to reshape services for people with learning disabilities and/or autism with a mental health problem or behaviour that challenges, to ensure that more services are provided in the community and closer to home rather than in

hospital settings. It arose as a result of Sir Stephen Bubb's review of the Winterbourne View concordat.

2. The North East and Cumbria is one of five fast track sites selected because of high numbers of people with learning disabilities in in-patient settings. Fast track areas have access to a share of an £8.2 million transformation fund to accelerate service redesign. An overarching NE&C plan has been submitted with each of the 13 Local Authority areas also presenting their own plans alongside it which outline local initiatives that reduce the need for admission to hospital. Notification was received from NHS England on 5th October that the North East and Cumbria had been successful in securing £1,432M from the £8.2 million fund. A further £623K has been allocated following review of patient level business cases to assist in the double running/ transition where required to ensure safe transition of service from in-patient care to community based provision and to maintain patient safety.

It should be noted that the existing funding is not adequate in relation to covering the cost of the overarching plan and additional locality plans.

Money may need to be moved from one organisation to another and a dowry is a vehicle to do that. The dowry would be paid by NHS to Local Authority for those patients who have had an inpatient spell of 5 years or more and will be linked to the individual and will terminate on death.

It is anticipated that the dowry would be paid by the responsible commissioner at the point of discharge and will apply in prospective terms only. There will be no retrospective application.

NHS England National team are working closely with the LGA around cases where there is a complex package of care, and looking at the affordability envelope – the cost of existing levels of care vs the cost of the new level of care will provide the affordability envelope for the dowry.

There may be a requirement to move money between financial years and the Pooled Budget approach may be the best mechanism to enable this.

NHS England are developing the financial model using the working assumption of 5 years length of stay, prospective and linked to the individual. Further discussions are required with LGA & ADASS regarding this and other financial principles.

Clearly however, further work is required in terms of building up a better picture of how many patients would be eligible for dowries and to understand the financial implications for the NHS and LAs but also to factor in the proposed investment in the future care model moving forward.

It is important to understand the geographic variation for possible dowry patients across the country. Therefore, any work that the North East & Cumbria can provide of numbers of dischargeable patients and the split of CHC/s117 funding going forward would help in understanding the cost implications across all the commissioners in the fast track area.

3. The ambition across the North East and Cumbria is to reduce current Assessment and Treatment beds by 12% by the end of March 2016, with a future ambition to reduce by 50% by the end of March 2019. There is also an ambition to reduce the number of specialised commissioning beds which are occupied by North East and Cumbria patients. This ambition relates to a 24% reduction in medium secure beds and 50% in low secure.

Across the North East and Cumbria there are a number different commissioning arrangements that are being reviewed with the aim of establishing further pooled budget arrangements, joint contracts and alternative commissioning models to support delivery of this transformation plan.

4. It is proposed that Health and Wellbeing Boards will be provided progress updates on a regular basis.

Whilst there has been no expectation from NHS England that Councils' Overview and Scrutiny Committees will be consulted on detailed locality plans, each Local Authority may wish to take a view on how local elected members are kept apprised of local progress. Furthermore the regional Overview and Scrutiny Committee are to receive the Fast Track plan at a specially arranged meeting in the near future. This will be presented by the senior responsible officer for Fast Track, Dr David Hambleton (CCG Chief Officer for South Tyneside); the regional ADASS representative, Lesley Jeavons and Chief Operating Officers from Tees, Esk and Wear Valleys Foundation Trust and Newcastle, Tyne and Wear Foundation Trust.

5. The Tees Integrated Commissioning Group (TIC) has been established since 2006 and brings together senior Health and Social Care Commissioning leads for Learning Disability and Autism from the four Tees Local Authorities and two CCGs.

The Teesside area has effectively reduced its contracted inpatient assessment and treatment bed capacity through the closure of one site that provided 10 beds.

The community infrastructure has been supported through the delivery of enhanced community support, shifting investment from bed based provision to the community, providing a greater degree of resilience to those people being resettled from long stay inpatient care who required a high degree of intensive support.

The Teesside Community Learning Disability Teams previously supported adults with a learning disability within a range of community settings, Monday to Friday, 09:00 – 17:00. The pilot service, mobilised in April 2015, builds upon the existing community model, providing increased intensive support to people within their care environments. The enhancement to service has given the flexibility to operate extended hours, 08:00 – 20:00 over 7 days per week and intensify the level, type and duration of interventions within peoples home environment. The aim of the service enhancement is to work in partnership

with independent sector providers, carer's and families in the delivery of timely, bespoke response to individual needs via specialist health treatments and interventions and to reduce the need for inpatient admissions.

The community pilot has supported the discharge of a cohort of highly complex and challenging individuals to the community, which also saw the double running of both receiving and discharging provider through lengthy and detailed transitions plans, some up to 20 weeks, with staff working into the inpatient units from the community provider and the inpatient staff working into people's new homes to ensure robust transition and support.

The TIC has identified three key areas to build upon the progress already achieved locally, including;

- Crisis Care and Early Intervention
- Workforce development
- Community Infrastructure.

It is proposed that through the delivery of these specific areas of the Tees Fast Track Locality Plan that there will be a stronger prevention and intervention response to people who may require high levels of care and support.

## **FINANCIAL IMPLICATIONS**

6. An allocation has been awarded to the North East and Cumbria Transformation Board from NHSE; further processes are in place regionally to apply for funds from the board to deliver the locality plan

## **LEGAL IMPLICATIONS**

7. None identified within this report

## **RISK ASSESSMENT**

8. There are risks associated with the delivery of the transformation agenda and these have been articulated in the attached report. The need to ensure that the community is sufficiently resourced to prevent avoidable admission to inpatient settings. The reduction in inpatient beds can only be achieved safely with the development of alternative resources.

## **CONSULTATION**

9. The key stakeholders that have been identified and that are actively working with across the Regional Transformation Delivery include: the 13 Local Authorities across the North East and Cumbria, 11 Clinical Commissioning Groups across the North East and Cumbria, the North East and Cumbria Learning Disability Network, NHS England Specialised Commissioning, the NHS service providers including primary care, community services, acute care, specialist learning disability service providers,

North of England Commissioning Support (NECS), people with learning disabilities, carers and their families, the voluntary and community sector, NHS England Learning Disability Transformation Team, wider stakeholders such as public health and the criminal justice system, private providers of services for people with learning disabilities and regulators.

A Confirm and Challenge Group has been established to enable people with learning disabilities, their families and representatives to link with the regional Winterbourne View Group to offer solutions, ideas and questions. The group will also identify those parts of the 'pathway' where more thought or planning is needed to ensure all people with learning disabilities can have good community based support. A representative from the Confirm and Challenge Group attends the Transformation Programme Board, supported by Inclusion North. The role of the group is to make sure stakeholders have a way of working with local people on plans, decisions and checking, share the easy to understand information and make sure there are local updates and base their work on what people and families say is important. This will be achieved by working with a small group of self-advocates & families with an interest in or experience of the issues

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