

AGENDA ITEM

REPORT TO HEALTH AND WELL BEING BOARD

25 MAY 2016

REPORT OF HARTLEPOOL AND STOCKTON ON TEES CLINICAL COMMISSIONING GROUP

LEARNING DISABILITY TRANSFORMING CARE

SUMMARY

To update the Health and Wellbeing Board on progress regarding the North East and Cumbria Transforming Care Programme and Local Delivery

RECOMMENDATIONS

The Health and Wellbeing Board is recommended to:

Note the content of the report and the progress made against the delivery of the Learning Disability Transformation Programme.

REGIONAL APPROACH AND PROGRAMME BACKGROUND

1. The report provides an update in relation to the delivery of the Transformation of Learning Disability Services across the North East and Cumbria, including how services and systems are being developed on a local level.
2. A North East and Cumbria Learning Disabilities Transformation Board was established and is used to oversee and govern the regional plan and guide the development and implementation of locality plans. The Board continues to be accountable to the Northern CCG Forum, North East ADASS, NHS England, carers and people with a learning disability.
3. There are two distinct areas of focus to the Transformation of services within the North East & Cumbria; the Regional approaches and the Local Implementation Groups.
4. The Regional elements were developed to ensure that duplicated areas of need were addressed once and that localities benefitted from the scale at which the work would happen.
5. These regional areas were broken down into 5 specific Task and Finish Groups, some with discreet sub groups which focus on specific areas of need. These groups are:

- Community Model of Care; (Children and Transitions, Medicines Optimisation, Autism)
 - Finance & Contracting;
 - Workforce Development;
 - Rethinking Advocacy;
 - Risk Stratification & Data Sharing.
6. We continue to work collaboratively with partners across health, social care and the third sector to significantly strengthen support in the community for individuals and their families.
- Progress made to date continues to ensure that:
 - Choice and control will be at the heart of ALL service planning and provision,
 - People will be identified and supported much earlier to improve their quality of life and outcomes,
 - Care and support services will always be well coordinated, planned jointly and appropriately resourced,
 - People will be supported to avoid crisis and if were to occur, crisis situations will be well managed,
 - People will be helped to stay out of trouble and receive appropriate support if they do enter the Criminal Justice System,
 - There will be a highly skilled, confident and value driven workforce who support people with learning disabilities,
 - People will always receive high quality, evidence based care in the most appropriate setting.
7. Across the North East and Cumbria, it is estimated that the prevalence of learning disabilities is 0.6% but if we include those with mild disability the prevalence may be as high as 2.5%, equating to around 65,000 people.
8. The current system of provision across the North East and Cumbria has been mapped, including the local variation of different configurations of care, the wide mix of rural and urban areas of affluence alongside deprived communities, the use of services from people outside of the area and the impact of and alignment to Vanguards and Integrated Care Pilots.
9. The Regional elements were developed to ensure that duplicated areas of need were addressed once and that localities benefitted from the scale at which the work would happen.

LOCAL UPDATE

10. The North East and Cumbria was awarded £1,432M from the £8.2 million made available through the National Fast Track Programme. A further £623K was allocated following review of patient level business cases to assist in the double running/ transition where required to ensure the safe transition from in-patient care to community based provision and to maintain patient safety.

11. A non-recurrent sum of £80K of this was allocated to Hartlepool and Stockton on Tees CCG and South Tees CCG's for the development of a number of Tees-wide projects.
12. The CCG was allocated a further non recurrent sum of £43,232. Both allocations have been utilised to support the projects identified below.
13. The ambition across the North East and Cumbria was 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.
14. Developing and strengthening local community based services and support is a key priority for both Health and Social Care to ensure that the continued reduction in the over reliance on inpatient facilities for people whose needs can be met outside of hospitals. Hospital admissions will be for those who require specialist in-patient care and will not be for those who have experienced a placement breakdown.
15. The Tees Integrated Commissioning Group (TIC), which has been established since 2006, brings together senior Health and Social Care Commissioning leads for Learning Disability and Autism from the four Tees Local Authorities and two CCGs.
16. The TIC identified three key areas to build upon the progress already achieved locally, including;
 - Crisis Care and Early Intervention
 - Workforce development
 - Community Infrastructure.
17. An award of some non-recurrent funding has been awarded by NHS England to support delivery of a number of projects in line with the priority areas. Implementation and progress is overseen by the TIC.
18. 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.
19. The CCG and Local Authorities are working together to support development of a community based support register which will use risk stratification to identify people with a learning disability who are at risk of admission in the community.
20. There have been a number of successful transitions to the community for people who have been in inpatient settings for some years, many purely because there were no services available that could meet their needs locally. The quality of life now experienced by these individuals is evident. Examples

include people who have been in hospitals and various care settings since childhood now living a full life with a job and a very active social life, taking holidays and spending time with their families in their own home.

21. This has taken significant time and resource to achieve but has succeeded in delivering a person centred community based model care and support that we need to make available to all people whose needs can be met outside of a hospital.

FINANCIAL IMPLICATIONS

22. In financial terms, the main challenge presented by the learning disability transformation programme is the timing differences that arise between:

- The discharge of patients from hospital to community setting, incurring immediate additional costs for commissioners; and
- The reduction of commissioners' inpatient costs as providers are able to close hospital wards and beds.

23. Initial work in October 2015 provided a 'snapshot' of expenditure on both inpatient and community learning disability patients across the Region, as well as the trajectories for the patient population in hospital at the beginning of 2015/16. The agreed patient trajectories provide the basis for financial modelling.

24. This work is ongoing and locally will examine the funding flows between commissioners to inform the future funding requirements of the new models of care.

25. Initial modelling currently puts the required level of 2016/17 investment in community services is £2.6 million. This will feed into the work currently being undertaken to develop a bid for the second tranche of National Transformation Funding.

26. Further work on the financial aspects of the programme has helped to define the principles and basis for modelling the potential funding gap in the longer term. This has included the potential costs of community based models of care and investments in service development which might mitigate the gaps in funding currently projected.

27. A further bid for Tranche 2 Transition Funding from NHS England has recently been completed and submitted under a very tight timetable, including completion of a Finance and Activity Plan. Should the NE&C be successful in acquiring the funding, a process for the dissemination of funding to locality areas will be developed.

28. A system wide session is to be held in May 2016 which will seek to identify gaps in the information base and the measures to address them, which will enable:

- Submission of an improved Finance and Activity Plan in support of the bid for Transition Funding; and
- Improved modelling of the financial aspects of learning disabilities transformation in the Fast-Track area.
- Ensure transparent and consistent costing model across Health and Social Care

29. One area for further consultation and decision remains the 'dowry' process, and how this impacts on funding flows between stakeholders.

LEGAL IMPLICATIONS

30. None identified within this report

RISK ASSESSMENT

31. There are risks associated with the delivery of the transformation agenda and these have been articulated in the report. The need to ensure that the community is sufficiently resourced to prevent avoidable admission to inpatient settings is pivotal to successful delivery.

32. The financial requirements to deliver this programme continue to be analysed. The immediate costs associated with people being discharged to the community presents a challenge to Commissioners.

33. The reduction in inpatient beds can only be achieved safely with the development of alternative resources.

CONSULTATION

34. The key stakeholders have been identified and are actively working across Regional Transformation Delivery.

35. 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.

36. 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

Name of Contact Officer: Donna Owens

Post Title: Joint Commissioning Manager, Hartlepool and Stockton on Tees CCG

Telephone No: 01913744168

Email address: Donna.Owens@nhs.net

Name of Contact Officer: Liz Boal

Post Title: Strategic Commissioning Manager, Stockton on Tees Borough Council

Email address: Elizabeth.Boal@stockton.gov.uk