DUDLEY HEALTH AND WELLBEING BOARD

REPORT SUMMARY SHEET

AGENDA ITEM NO. 12

DATE	Thursday 30th June 2016
TITLE OF REPORT	Black Country Transforming Care Partnership
Organisation and Author	Tony Oakman - Strategic Director of People Directorate Matt Bowsher - Chief Officer of Adult Social Care Donna Patel - Interim Head of Complex & Inclusion Julie Cox - Strategic Commissioning Manager Whole Life Disabilities
Purpose of the report	The purpose of this report is to present the draft Black Country Transforming Care Partnership Plan for information, comments, scrutiny and governance.
Key points to note	The Black Country Transforming Care Partnership has been established to address two key areas: • Reduction in Assessment and Treatment bed use across the Black Country • Development of a Black Country wide intensive support service. The Black Country Transforming Care Partnership plan relates to people with Learning Disabilities and or Autism of all ages who are at risk of hospital admission in relation to mental health issues or challenging behaviour. It is anticipated that the plan will redirect financial resources from inpatient services to community-based alternatives. Additional clarity and assurance on financial implications of the plan being implemented is being sought from NHSE, locally, regionally and nationally.
Recommendations for the Board	That Dudley MBC and Dudley CCG only assume liability to fund people under the Transforming Care programme where resources have been confirmed by NHS England. That adequate time is permitted to ensure specialist accommodation and support is developed in the community. That NHSE is encouraged to share learning from pilot sites to inform the local approach to Transforming Care. That TCP Work streams include plans for the appropriate care and support for children/ young people.

	That Local CCG / LA holds an “At Risk Register” for adults, children and young people that meet set criteria, that will need to be monitored and individuals appropriately supported to avoid an admission into hospital. That authority is delegated to the Strategic Director for People Services in Dudley MBC to determine a format for ongoing reporting to the Health and Well Being Board in consultation with the Chair.
Item type	For information, discussion and strategy
H&WB strategy priority area	Making Our Service Healthy, Making Our Minds Health, Making Our Children Healthy, Making Our Lifestyles Healthy, Health Inequalities and community engagement.

DUDLEY HEALTH AND WELLBEING BOARD

DATE: Thursday 30th June 2016

REPORT OF: Tony Oakman - Strategic Director of People Directorate
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TITLE OF REPORT: Black Country Transforming Care Partnership

HEALTH AND WELLBEING STRATEGY PRIORITY

1. Receive the draft Black Country Transforming Care Partnership (TCP) Plan, to make any comments as part of engagement, and to ensure appropriate scrutiny/ governance arrangements are in place.

PURPOSE OF REPORT

2. The purpose of this report is to present the draft Black Country Transforming Care Partnership Plan for information, comments, scrutiny and governance.

BACKGROUND

3. Building the Right Support (October 2015) is a national plan to develop community services and close inpatient facilities for people with a learning disability and / or autism who display behaviour that challenges, including those with a mental health condition. This is in response to the Winterbourne View scandal and following the Winterbourne View Concordat (2012), where there is a clear commitment to supporting individuals within this cohort to ensure appropriate care and support that is monitored to meet individual needs. Linked to this is the Service model for commissioners of health and social care services to give some national consistency of what good services should look like across local areas. This National plan was initially agreed and signed off and agreed by the Local Government Association, Association of Directors of Adult Social Services and NHS England, but the partners to this national plan has since been extended, to include a wider remit including children/ young people.

3.1 Fast Track pilot sites were set up to lead on this transformation and with a view of using the learning from these pilot sites to inform Transforming Care Partnerships across the country. The Transforming Care Partnerships is determined by specified CCG clusters of which the Black Country Transforming Care Partnership is one**.** However, there are concerns that the learning from these pilots has not been shared to inform the work for the ongoing Transforming

Care Partnerships, which has been a concern that is currently being pursued with NHSE by ADASS. This is in view of the potential financial implications if not resolved, stretching resources to a wider cohort of people than had initially been intended, with some potential safeguarding risks, and a lack of infrastructure in place to support the Transformation of care for this cohort of people. The pilot sites were given some transformational funding from NHSE, match funded by CCG's. This has not been sufficient to deliver the transformation required, or to meet demands and the wider cohort of people initially proposed and has not been replicated as an opportunity to support the Transforming Care Partnerships (TCP's).

3.2 The Government and leading organisations across the health and care system are committed to transforming care for people with learning disabilities and/or autism who have mental health problems or who display behaviour that challenges. A shared vision and commitment were set out in the Concordat (2012) signed in the wake of the events at Winterbourne View, and it is viewed as a real opportunities to have an integrated approach across a local cluster of LA's / CCG's to commission support for this cohort of individuals more creatively and avoid unnecessary admissions into hospital where 'appropriate' to do so.

3.3 Recognising that progress towards transformation was slow, in 2015 NHS England set out a clear programme of work with other national partners, to improve services for this vulnerable group of citizens.

3.4 The vision put forward by NHSE was for system-wide change to enable more people to live in the community, with the right support, and close to home. Led jointly by NHS England, the Association of Adult Social Services (ADASS), the Association of Children's Social Services(ADCS) the Care Quality Commission (CQC), Local Government Association (LGA), Health Education England (HEE) and the Department of Health (DH), the Transforming Care programme focuses on the five key areas of:

- Empowering individuals
- Right care, right place
- Workforce
- Regulation
- Data
-

3.5 The national plan, Building the Right Support, that has been developed jointly by NHS England, the LGA and ADASS, was the next key milestone in the cross-system Transforming Care programme, and included the development 48 Transforming Care Partnerships across England to re-shape local services, to meet individual's needs. This is supported by a new Service Model for commissioners across health and care that defines what good services should look like.

3.6 The plan builds on other transforming care work to strengthen individuals' rights, to roll out care and treatment reviews across England, to reduce unnecessary hospital admissions and lengthy hospital stays, and test a new competency framework for staff to ensure we have the right skills in the right place. This is a

real opportunity to develop intensive support more locally and tailor future care and support, to meet individual's needs as opposed to costly placements in Assessment and Treatment beds in hospitals.

3.7 The Transforming Care programme is focusing on addressing long-standing issues to ensure sustainable change that will see:

- more choice for people and their families, and more say in their care
- providing more care in the community, with personalised support provided by multi-disciplinary health and care teams
- more innovative services to give people a range of care options, with personal budgets, so that care meets individuals' needs
- providing early more intensive support for those who need it, so that people can stay in the community, close to home
- but for those that do need in-patient care, ensuring it is only for as long as they need it and that it is an "appropriate" admission with a clear care, treatment and discharge plan.

3.8 After the publication of Building the Right Support, and with the learning from the pilot sites areas were asked to establish Transforming Care Partnerships (TCPs) by 15 December 2015.

3.9 The Black Country Transforming Care Partnership Board was established in January 2016 to bring together health and social care commissioners in NHS England, CCG's and Local Authorities across the Black Country (Dudley, Wolverhampton, Walsall and Sandwell) to redesign services together with stakeholders in response to Building the Right Support and the national service model.

3.10 The partnership is intended to help address current weaknesses in commissioning arrangements by bringing together the commissioners responsible for funding health and social care for people with a learning disability and/or autism with their budgets aligned or pooled as appropriate and working to an agreed set of outcomes.

3.11 The partnership enables the TCP to build on existing collaborative commissioning arrangements, facilitate improved local health economies of services for people with a learning disability and/or autism, and to commission at sufficient scale to manage risk, develop commissioning expertise and commission strategically for relatively small numbers of people whose packages of care can be very expensive and difficult to procure in isolation.

3.12 The TCP was required to submit draft plans (attached) to NHSE on 11th April 2016 to demonstrate how the TCP will achieve the vision and deliver the associated reduction in inpatient bed numbers. The narrative about how this plan was developed is contained within the plan. The plan is still in draft form, pending further guidance and input from NHSE, though no significant further changes are expected. It is anticipated that the plan will be signed off by NHSE in July 2016.

The implementation of the plan is required by 2019.

THE MAIN ITEM/S OF THE REPORT

4. Specific Considerations Within Dudley Transforming Care Plans

4.1 Dudley has historically had low numbers in terms in assessment and treatment bed use typically averaging around 4.The national suggested benchmark is 10-15 beds per 1 million of the population; for Dudley this equates to between 3-5 people.

4.2 Dudley currently has 5 assessment and treatment beds, 2 reintegration beds that are used for adults with learning disabilities where they require a period of assessment and treatment. As part of the transforming care planning, use of these beds will be reviewed. The beds are located at the Ridge Hill Centre in Brierley Hill and are part of a purpose built PFI building where the specialist Community health services are based. There are also 2 respite/ short stay beds and these will also be reviewed as part of the programme. Within the plans proposed, Dudley is tasked to reduce the use of beds by half by 2018; the target for Dudley is to reduce from 7 to 3.

4.3 The transforming care plans are predicated on the assumption that any cost reductions as a result of using fewer beds will be reinvested in community provision and care and support being delivered in the least restrictive settings, across the Transforming Care Partnerships. All people admitted or people at risk of admission have Care and Treatment Reviews (CTR's) that aim to redirect people from hospital admission unless it is clinically appropriate. Dudley has completed 19 CTR's since November 2014 (in relation to 12 patients). Of these there have been two people that were not admitted; one person has additional hours funded by Dudley CCG, the rest of the CTR's were for patients that were already admitted to hospital and or where it was deemed clinically appropriate to admit to Hospital. There have been 4 discharges into community provision; of these one was a Birmingham funded client and the remaining 3 are local authority funded.

4.4 The service that is intended to be developed enabling a culture shift from beds to community based care is the Intensive Support Service that will operate on a black countrywide basis. This service would operate on a 24/7 basis and build on the existing specialist health services.

4.5 A key area of work within Dudley's Transforming Care plan is to develop the market and introduce more highly skilled providers who are able to deliver sustainable quality care to people with complex needs and challenging behaviours.

FINANCE

5. There are financial implications directly associated with this report. Draft financial plans are attached; however, these plans need further development when more is known about dowries, and the outcome of capital and revenue bids to NHSE. It is anticipated that the plan will redirect financial resources from inpatient services to community-based alternatives. A financial modelling workshop and

separate work stream has been established to look at the finances and also to consider the risks. There are some potential risks as NHSE whilst indicating that funding will be available in form of a dowry, for individuals that have been in hospital for 5 years as at the 31st March 2016, this is not forthcoming. The National Plan clearly sets out intentions that NHS England would pay for dowries when an inpatient is being discharged from NHSE commissioned care, and that CCG's will pay for dowries when the individual is being discharged from CCG commissioned care. It was envisaged that dowries would be, "*recurrent, will be linked to individual patients, and will cease on the death of an individual".* However, the NHSE have not made a final decision in relation to this and there is some indication that this will not take place relying on the funding for Transforming Care Partnerships to be generated from providing community based provision and reducing inpatient beds.

5.1 Specialist commissioning is planned to move to local CCG's and funding for this and intensive care and support in local communities is yet to be clarified. Care and Treatment Reviews (CTR's) have already commenced, and the programme is in its developmental stages so potentially there are financial risks for both CCG's and Local Authorities with this approach without the infrastructure in place to support this transformation with a clear remit. Longer term it is intended that some revenue will be generated from the sale of assets/ buildings that will no longer be required, from this approach.

LAW

6 This strategy supports the Council and the CCG in the delivery of their statutory duties in relation to Transforming Care.

EQUALITY IMPACT

7 There are equalities implications associated with this report as it relates to disabled children, young people and adults.

ENVIRONMENTAL IMPLICATIONS

8 There are no environmental implications associated with this report.

HUMAN RESOURCES IMPLICATIONS

9 There is a commissioning post funded as part of the Section 75 lead commissioning partnership agreement this includes work that is undertaken in relation to Transforming care and market shaping. The transforming care programme has 3 levels of reporting and planning (national, regional and local), each has work streams and action plans. Achieving the outcomes of this programme would not be possible without this post.

9.1 All staff working with this cohort of individuals will need to receive training to deliver services to people with Learning Disabilities and/or Autism in different way, this a huge cultural shift against previous models of care and support.

CORPORATE LANDLORD IMPLICATIONS

10 There are no corporate landlord implications associated with this report.

SCHEDULE OF BACKGROUND PAPERS

11. Attached:-

- Finance and Activity Plan
- Transforming Care Partnership Plan: Adults
- Transforming Care Partnership Plan: Children
- Critical Path
- Risk Log
- Plan on a Page (Wolverhampton Model).
- Dudley Transforming Care Action Plan

RECOMMENDATIONS

12 That Dudley MBC and Dudley CCG only assume liability to fund people under the Transforming Care programme where resources have been confirmed by NHS England.

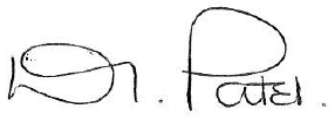
12.1 That adequate time is permitted to ensure specialist accommodation and support is developed in the community.

12.2 That NHSE is encouraged to share learning from pilot sites to inform the local approach to Transforming Care.

12.3 That TCP Work streams include plans for the appropriate care and support for children/ young people.

12.4 That Local CCG / LA holds an “At Risk Register” for adults, children and young people that meet set criteria, that will need to be monitored and individuals appropriately supported to avoid an admission into hospital. That authority is delegated to the Strategic Director for People Services in Dudley MBC to determine a format for ongoing reporting to the Health and Well Being Board in consultation with the Chair.

Signature of author/s



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