

HEALTH AND WELL-BEING BOARD

13 SEPTEMBER 2016

The Worcestershire Transforming Care Plan

Board Sponsors:

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(Please click below
then on down arrow)

Priorities

Older people & long term conditions

Yes

Mental health & well-being

Yes

Obesity

No

Alcohol

No

Other (specify below)

Groups of particular interest

Children & young people

Yes

Communities & groups with poor health outcomes

No

People with learning disabilities

Yes

Safeguarding

Impact on Safeguarding Children

Yes

If yes please give details

The TCP ensures that all children and young people are in the appropriate clinical environments that meet the individual assessed needs, both in the community and Child and Adolescence Mental Health Services (CAMHS) hospital placements known as Tier 4 in-patient services. Monitoring the care and treatment of individuals is in place to ensure that therapeutic interventions are carried out in a timely way that minimises the length of stay in hospital.

Impact on Safeguarding Adults

Yes

If yes please give details

The TCP ensures that all adults are in the appropriate clinical environments that meet the individual assessed needs, both in the community, locked rehab and secure hospitals. Monitoring the care and treatment of individuals is in place to ensure that therapeutic interventions are carried out in a timely way that minimises the length of stay in hospital.

Item for Decision, Consideration or Information

Consideration

Recommendation

1. The Health and Well-being Board is asked to:
 - a) Ratify the Worcestershire Transforming Care Plan (TCP);
 - b) Note in paragraph 17 that the Plan has already been submitted to NHS England with an accompanying letter stating that Worcestershire expects the cost of meeting TCP to be cost neutral;
 - c) Agree that any financial pressure arising from the discharge of patients should be met by NHS England as set out in paragraphs 18 to 21.

Background

2. Events exposed by Panorama in 2011 relating to Winterbourne View Hospital have led to a number of changes in how services are commissioned for people with learning disabilities and/or autism who have a mental illness and present with behaviours that challenges services. [Transforming Care: A national response to Winterbourne View Hospital: Department of Health Review Final Report \(2012\)](#) set out a programme of work to ensure that there was not another situation like Winterbourne View.

3. Subsequent reports - [The Winterbourne View Two Year On report](#) and [Transforming Care: Next Steps \(November 2014\)](#) - set out progress made and the plans for the next stage of this work. NHS England, the Department of Health (DH), the Local Government Association (LGA), the Association of Directors of Adult Social Services (ADASS), the Care Quality Commission (CQC) and Health Education England (HEE) have all committed to strengthen the Transforming Care delivery programme, build on the work of the last few years and accelerate progress where it has been slow. The programme will result in far more people supported to live independently within their communities.

4. In October 2015 a national implementation plan to develop community services and close in-patient facilities was published in [Building the Right support](#): this provides guidance on how the delivery of the Transforming Care agenda will change, as new services are developed and reviewed within the community. The national directive requires there will be a reduction of 50 percent in the number of in-patient beds, meaning that some units will close altogether. Transforming Care applies to children and adults, and focuses primarily on those people in locked hospitals, whether funded by the CCGs or by NHS England. Many of the adults in NHSE funded placements have been placed there as an alternative to a custodial sentence following committing a serious offence against a person, and are under the supervision of the Ministry of Justice.

5. The three Worcestershire CCGs have been clustered into one Transforming Care group. Each cluster has been required to develop a bespoke Transforming Care Plan (TCP). The TCP sets out the Worcestershire three year plan 2016 – 2019 to transform

and deliver services to individuals with learning disabilities and/or autistic spectrum disorders. The focus is to develop and enhance existing community-based services, ensuring health and social care work collaboratively to support those stepping down and being discharged into the community from in-patient facilities, and to prevent admission and re-admission to in-patient facilities. There may be an opportunity to share resources and provide a service across the wider Sustainability and Transformation Plan (STP) area (Herefordshire and Worcestershire). Liaison with Herefordshire is in the early stages to consider the options that would enhance services to support the TCP.

6. Worcestershire's Transforming Care Plan (TCP) (available on-line) has been written in line with national planning requirements. Worcestershire is on track to reduce by 50% the number of people in in-patient beds currently commissioned by CCGs and NHS England. We have begun to work collaboratively with social care commissioners and a range of service providers, developing the market aiming to work towards improved community based provision and outcomes for adults and children with a Learning Disability and/or Autism and their families.

7. Worcestershire has no in-county locked or secure in-patient provision, as these were closed in 2009, with the closure of Lea Hospital in the north of the county. Worcestershire patients are required to go out of County to be treated. Proactive work has been undertaken since 2012 to ensure that these services are quality assured and regularly visited by the Reviewing Officer from the Complex Needs Commissioning Team (CNCT), ensuring that our patients are reviewed robustly, and we are focused on timely discharges. Locally, a protocol was written to manage out of County in-patient admissions. This has become embedded into practice across the county and underpins the effective management of patients in out of county in-patient units, supporting effective and detailed treatment care and timely discharge planning. The protocol has also been disseminated regionally as a good practice exemplar.

8. Worcestershire currently has 17 adults in locked rehabilitation beds and low, medium and high secure in-patient hospitals and 2 young people in Child and Adolescence Mental Health Services (CAMHS) locked in-patient hospital beds known as "Tier 4" services. All secure in-patient and Tier 4 beds are funded by NHS England, and Locked rehabilitation beds are commissioned by CCGs. Worcestershire's plan is to reduce the use of in-patient beds by 50% as follows:

Commissioner	March 2016	March 2017	March 2018	March 2019
CCGs	4	2	2	2
NHSE: Low Secure	8	6	2	2
NHSE: Medium Secure	5	3	3	2
NHSE CAMHS tier 4	2	2	2	2
Total	19	13	9	8

9. Worcestershire's Plan outlines the proactive joint working between health and social care commissioning to become innovative and creative around commissioning of individualised services. Operational pathways will be reviewed and developed to support effective care planning, aiming to create flexibility in the levels of support offered to individuals, and ensuring support is available during episodes of increased behavioural challenge and mental health relapse. These will be reflected in revised contractual agreements. Commissioners have engaged the market around developing services that ensure providers are skilled and sustainable provision is available locally, and new providers have expressed an interest in developing new services within Worcestershire to meet the needs of those identified within the TCP and others.

10. The Enhanced Care Service (ECS) is a community based nurse led provision and is core to the effective delivery of the TCP, delivering a person centred quality provision that is focussed on ensuring that individuals are supported to gain control over their lives. The TCP outlines the ambition to expand and further develop the ECS to include a Multi-Disciplinary Team (MDT) that will provide forensic, psychological and occupational therapy to a cohort of people currently identified within locked rehabilitation and secure in-patient services. The ECS will strive to provide individual quality assessments, intervention and relapse plans to those in transition, stepping down into community provision, and preventing admission and re-admission to in-patient services in line with the nine overarching principles of the national Building the right support plan. Consideration is being given to further develop a shared service with Herefordshire.

11. The TCP requires areas to demonstrate proactive engagement with people with a learning disability and their carers. The aim is to offer person centred support which promotes individuals to maximise their full potential and lead enriched and meaningful lives within their own communities near families and friends. Worcestershire has consistently acknowledged the importance of people with lived experience and carers having a voice and influencing commissioning intentions through the Learning Disability Partnership Board. In addition:

- Since 2014 the CCGs have commissioned Speakeasy Now to review locked hospitals as part of their work in Worcestershire, providing a quality

assurance function carried out by people with learning disabilities who are experts by experience;

- Positive relationships have been developed with Speakeasy Now, and together have developed a clear pathway that ensures that people with lived experience are in attendance at all Care and Treatment Reviews (CTR) of patients currently in in-patient services, and on the panel of Pre-Admission CRTs preventing hospital admission. It is proposed to extend this to carers;
- The Transforming Care Programme Board includes a person with lived experience and a carer representative;
- The local Transforming Care team is seeking to employ a person with lived experience.

12. In line with the STP and TCP requirements, opportunities for joint working with Herefordshire are being explored around developing shared services and a crisis bed service.

13. Worcestershire is committed to and works within the principles of TCP. One hundred percent of all identified patients are monitored, reviewed and their discharge effectively planned for. Progress of the TCP is monitored and reviewed by the Transforming Care Programme Board and the Integrated Commissioning Executive Officers Group (ICEOG) monthly. A highlight report is co-presented with the lead Complex Needs commissioner and the TCP lead (person with lived experience) from Speakeasy Now. The TCP has been signed off in principle by ICEOG, with the acknowledgment that the success of the proposed development and delivery of the TCP to achieve the projected discharge plans for the identified patients, will be dependent on NHSE providing clarity around funds that will support patients who have been identified to step down into CCG funded locked rehab and community providers by 2019.

Legal, Financial and HR Implications

14. The latest submission to the National Transforming Care team was on the 26 May 2016. The Transforming Care Plan - Easy Read version became available from 11 August.

15. Since 2012, progress, development and implementation of the Transforming Care agenda have been reported quarterly to the Learning Disability Partnership Board, co-chaired by the Strategic Commissioner for Adult Services and by an Expert by Experience. The Board is well established and equally represented by experts by experience and carers, commissioners and service providers. A Staying Healthy Sub-Group of the Board takes responsibility for progressing all health-related issues for people with a learning disability and this ensures that the TCP approach forms part of an overall approach to improving health.

16. TCP development and progress is reported to the Integrated Commissioning Executive Officers Group (ICEOG), which comprises the Executive Officers from the three Worcestershire CCG's and from Worcestershire County Council. This group provides senior governance to support the delivery and approval of the local strategy for the implementation of the TCP for Worcestershire.

17. The national expectation is that the Health and Well-being Board (HWB) approves the TCP. However, due to governance timings, this was not possible and it was agreed with national Transforming Care team that approval could be given by ICEOG with subsequent ratification by the HWB. ICEOG provided sign off to the TCP on 6 June 2016. The TCP was submitted to the national Transforming Care Board with an accompanying letter stating that this does not constitute agreement by Worcestershire's health and social care economy to absorb the costs associated with step down and that Worcestershire's expectation is that any changes resulting from Transforming Care would be expected to be cost neutral for Worcestershire Commissioners.

The financial implications are set out below:

18. Transformation Funding is required of £0.498m over 3 years to support transition and step down of those patients in locked rehab and secure in-patient beds and to prevent hospital admission. The CCGs have agreed to match fund 50% as required by national guidance. Funding for 2016/17 has been awarded by NHS England, but no decision made on future years.

19. The table below shows the estimated forecast impact from 2015/16 to 2018/19. The finances are based on average current costs and the actual costs for these patients may be higher as NHS England have provided a national average of their current costs for their patients in Medium and Low secure hospitals. Therefore this should be viewed with a large degree of caution at this stage as it is unclear how the financial funding will flow (if it does) through from the NHSE to CCG's and Local Authority. This shows a forecast increase in costs of £0.696m for the CCGs and £1.184m for the Local Authority by the end of 2018/19.

1. Provision £'000	CCG Cost	NHSE Cost	LA Cost	Total cost
Total cost of provision 2015.16	5,548	3,471	7,560	16,579
Total Estimated cost of provision 2018.19	6,244	1,504	8,744	16,492
Estimated financial Impact	696	-1,967	1,184	-87

Provision = Forecast annual cost of inpatient provision used by TCP population, individual community support packages for former inpatients/those at risk of admission, and community services

Capital Bids fund:

20. Capital funds of £0.650m have been applied for to develop a 2 bedded community crisis service that will aim to provide a short term option for those patients whom may at times present with behavioural challenges to their current provider and those whose mental health has relapsed.

Dowries:

21. The funding model assumes that NHS England will pay for dowries when the inpatient is being discharged from NHS England-commissioned care, and that CCGs will pay for dowries when the individual is being discharged from CCG-commissioned care. In addition to paying for these dowries, the CCGs will continue to fund continuing healthcare (CHC) and relevant Section 117 aftercare. There is still some clarity required as to how the dowries will work practically.

Privacy Impact Assessment

22. Conducted on an individual basis as required.

Equality and Diversity Implications

23. An Equality Relevance Screening has been completed in respect of these recommendations. The screening did not identify any potential Equality considerations requiring further consideration during implementation. It was noted that this programme will ensure that people with learning disabilities do not experience any disadvantage as a consequence of their disability, when placements are commissioned.

Contact Points

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Supporting Papers

Worcestershire Transforming Care Plan – Available on-line

Background Papers

In the opinion of the proper officer (in this case the Director of Public Health) the following are the background papers relating to the subject matter of this report:

- [Transforming Care: A national response to Winterbourne View Hospital: Department of Health Review Final Report \(2012\)](#)
- [The Winterbourne View Two Year On report](#)
- [Transforming Care: Next Steps \(November 2014\)](#)
- [Building the Right support:](#)