Health and Wellbeing Board

10 September 2018

Transforming Care Plans (TCP) for adults, children and young people with Learning Disabilities and/or Autism across the Black Country

1. Purpose:

- To provide the Health and Wellbeing Board with background information detailing the need to transform care in adult learning disability services across the Black Country.

- To provide an update on the progress to date and the local issues for Walsall.

- Inform the board of the new clinical 'national service model' of care and to seek approval for the localised model to be delivered in Walsall and across the Black Country.

- To inform the Board of the de-commissioning of the current over supply of inpatient beds, whilst providing an enhanced community offer which includes Community Learning Disability Team, Forensic Team, Intensive Support Team and Assessment and Treatment beds.

- To share with the Board current TCP bed position and reduced inpatient usage and future bed trajectory

- To update the Board on the progress made within the Children and Young People TCP.

- To advise the Board on the current financial TCP position.

2. Recommendation:

The Health and Wellbeing Board is invited to:

- **Note** the reduced numbers of Walsall adult learning disability patients now placed in hospital and the reduced need for beds in future years

- **Approve** the Black Country model of care, adopted and localised from the national clinical model for adult learning disability; reducing inpatient provision and offering improved community services.

- **Note** the work undertaken on Children and Young Peoples work stream.

3. Report detail:

Following the 'Winterbourne View' abuse scandal exposed by the Panorama programme in 2012 , a national programme of improvements was instigated culminating in 2015 with NHS England publishing a national plan,'Building the Right Support', to drive system wide change.

In April 2016 the Black Country CCG's and Local Authorities formed a partnership to Transform Care for people with learning disabilities and/or autism.
A board was established to ensure the success of the programme which ends March 2019.

The key aim of the programme is to reduce the number of Adults, Children and Young People with learning disabilities in hospital by March 2019

4. Implications for Joint Working arrangements:

All Black Country Local Authorities and CCG's are represented at TCP Board and have approved the new model of delivery.

Helen Hibbs Accountable Officer for Black Country TCP and the Chair of Black Country TCP Board

Black Country Partnership Foundation Trust (BCPFT) have explored the new model of care and have a plan for staff redeployment and training in order to provide the new services.

The new model of clinical healthcare will be delivered via CCG resources with additional short term funding provided via transformation funds (see section 7)

5. Health and Wellbeing Priorities:

5.1 Table 1; Current TCP cohort and trajectory for Walsall CCG patients

Client group	Number placed in hospital services (as @ 21/8/18)	Estimated number in hospital (as @ 31/3/19 including any transitions from children's services)
Adults with LD/autism	**12**	**4**
Children with LD/autism	**6**	**3**

Currently there are 12 adults within a hospital setting with 9 to be discharged by the end of March 19. However, 1 child is expected to transition into adult services and the current position is that the young person will require hospital treatment post 30th March 2019. The local trajectory of 4 for Walsall should be achieved, however this is dependent upon discharge plans not being delayed and no further admissions

It is expected that the current 6 children placed in hospital will reduce to 3, as 1 will transition, and 2 will be discharged before 31st march 2019.

These figures are subject to no further admissions from community or early step down from specialist services (adults).

5.2 Children and Young People progress

Walsall CCG has appointed a new Children's Complex Care Commissioner and an interim Strategic Children's Commissioner (until 31st October). This has helped to strengthen:

- Children's Education Care and Treatment Reviews (CETR's),
- The risk register which identifies children at risk of admission
- Partnership working between CCG, NHSE specialist Commissioners, Children's Services and CAMHS services

Walsall CCG acknowledges that the local system is an outlier in relation to the number of children that are placed in Tier 4 beds. In response, the CCG commissioned an external review of recent admissions to Tier 4 hospital beds or children who are at risk of admission. This task was undertaken by an independent reviewer in order to learn from the journeys of Children and Young People in Walsall.

Key findings include:

- ✓ Nationally 10% of inpatients who are part of the Transforming Care cohort are children and young people. In Walsall, children and young people account for 40% of the total Walsall inpatient
- ✓ At the time of this review (May 2018), Walsall CCG had 8 young people in a CAMHS Tier 4 service. Partner CCGs had 1 young person in Tier 4 each.
- ✓ Diagnosis - Nationally – 69% ASD only (Walsall 37.5%)
- ✓ Various stories of young people were explored

Strengths include:

- Clear senior commitment and leadership
- Warm, committed, knowledgeable staff within all sectors / services who understand the principles of Transforming Care and are committed to delivering them
- Example of creative, courageous commissioning decisions to support young people in individually tailored ways
- Support and commitment from the Disabled Children and Young People's Team management for social workers to remain fully involved in care of young people when in Tier 4 inpatient CAMHS, including ensuring they are considered to be Children in Need and have an appropriate CIN plan. Strong presence in inpatient services
- Specific support and reduced caseload for a social worker working to create a bespoke solution for a young person
- Relatively new Community LD CAMHS team
- Evidence of Responsible Clinicians remaining a key part of young people's journey through Tier 4 services
- Evidence of thoughtful handover between Children's' and Adult Social Care Services, including proactive early identification and attendance of both children and adult social workers at one CTR and CPA

- Openness across all organisations involved in this review to learn from the experience of children and young people and their families to inform the development of future services
- Positive collaborative working between CAMHS, LD CAMHS and ICAMHS evident in the care and support of some young people in the cohort

Challenges:

- Risk register, admissions avoidance and Community CETRs
- RCA and learning from incidents
- Inpatient care
- Discharge planning, aftercare and transition
- Outcomes monitoring and delivery

Solutions include:

- Further develop MDT working
- Develop community services – embed Intensive Support
- Develop inpatient and residential / supported living services
- Develop resilience within families and provider organisations
- Listen to the voices and experiences of children, young people, and their families / carers
- Monitor Outcomes – for individual children and young people, and for the cohort as a whole
- Work across a range of services and a larger geographical area

5.3 Adult LD Assessment and Treatment beds

Assessment and treatment beds currently provided at Walsall's Orchard Hills, Daisy Bank will no longer be provided by BCPFT. Instead the proposal within the clinical model is that all assessment and treatment beds will provided at Penrose Hospital, Heath Lane, West Bromwich.

The intention is to reduce the number of inpatient assessment and treatment services from 3 sites to 1 and from 23 to10 beds.

Figure 1: Map of Black Country LD services

A decision was made in 2016/17 by Joint LA and CCG Learning Disability commissioners to no longer block purchase the Daisy Bank beds from BCPFT and to move to a spot purchase arrangement from this provider and/or other private sector provision.

In order for BCPFT to make the site viable additional demand from out of area CCG's would have been required to continue to operate the service. This additional capacity was not required regionally – which has now made the site unviable.

BCPFT have undertaken an option appraisal and have concluded that Penrose Hospital is the preferred assessment and treatment site after considering each locations merit.

Rationale for preferred BCPFT hospital site decision:

None of the 3 hospital sites had provision for extra care areas or ligature free/reduced environments; all areas have in place expensive mitigation plans to reduce risk, at a substantial revenue cost to the Trust and commissioners (pass through observational re-charges).

In early 2017, in response to a changing clinical and commissioning landscape, an options appraisal was undertaken to consider which Black Country site would be optimal for a single assessment and treatment unit that would address as many of the issues and concerns as possible.

A key clinical reference group (attended by BCPFT staff including Clinical Director, General Manager, and all key Professional clinical leads, PMO, Estates Lead and Finance Lead) was convened to undertake the appraisal in January 2017 and to score each existing assessment and treatment unit using a LD Assessment and Treatment bed model scoring criteria tool, against agreed care standard & business domains.

The domains selected were based on national, regional and trust wide drivers and objectives, in conjunction with stakeholders specialising in the specific areas. (See fig 2 below).

The consolidation of assessment and treatment beds onto the Heath Lane site is driven by the TCP's intentions to purchase a significantly lower number of beds for the STP. These realistically can only be delivered cost effectively on one site.

The capital scheme is integral to the successful delivery of the Black Country TCP clinical model for people with a learning disability and is consistent with the STP's vision for LD planned bed usage i.e. a step change of improvement in the effective, focussed and safe use of assessment & treatment beds, as part of an integrated STP wide service offering.

BCPFT seeks to replace the current assessment & treatment unit (Penrose Unit) with a purpose built facility that is both fit for purpose and offers the clinical flexibility expected from modern assessment and treatment units.

Following completion of the scoring tool and financial analysis, the LD Service agreed that two of the three units (Walsall/Dudley) were located in isolated community locations with neither affording a safe level of clinical support or an appropriate environment to manage the service challenge in the future. Each of the 2 sites were deemed to be inappropriate, there is crucially no available support infrastructure to provide emergency response to clinical incidents. This is available on the Heath Lane site, due to co-location of Gerry Simon Clinic (LD low secure) and Macarthur (Mental health intensive care unit)

BCPFT believed the significant cost of re-modelling the layout and fixtures and fittings of these remote units would outweigh benefit realisation and would not address the most significant issue of isolation, ability to cope with higher patient acuity or the required level of de-escalation rooms to manage future service user groups. In addition, significant backlog maintenance costs would have remained.

It was also clear from the scoring that we should retain assessment and treatment services on Heath Lane due to the hospital location. This allows for an emergency response from the MacArthur unit and Gerry Simon Clinic along with the surrounding support infrastructure. This enables the clinical team to have a higher threshold for clinical acuity, which is necessary in future A&T provision.

Figure 2: Final Summary Table (extract BCP options appraisal)

Final summary table for options analysis			
Domain	**Ridge Hill**	**Orchard Hills**	**Penrose**
Clinical Fit	24	44	56
Strategic Fit	28	32	40
Functional/Operational Fit	36	32	48
Financial Fit	32	32	32

Estates	24	30	33
Business/Commercial Criteria	24	27	39
Workforce Criteria	40	60	56
Final Total	**208**	**257**	**304**

The plan is to 'mothball' Orchard Hills as soon as existing patients are ready to be cared for and supported in the most appropriate services and utilise Penrose site for future admissions.

5.4 New Clinical Model of LD Services:

Nationally this model of provision is recognised as best practice with NHSE fully supporting this approach and providing transformation funding to help deliver service change.

Wolverhampton CCG already operates an enhanced community model with a forensic and Intensive Support Team and have achieved a marked reduction in inpatient admissions by providing this increased community offer.

TCP board sought to reduce service and financial instability upon BCPFT and as such agreed to contract with the provider for new services protecting delivery of all community and inpatient services delivered by BCPFT.

Service quality and performance will be monitored via appropriate contractual governance. Commissioners with CCG colleagues will assess provider performance and address any concerns. Additionally, CCG's will have the option to utilise any contractual levers, as well as serve notice on the contract. Should any serious failings, or cost pressures dictate, a change in current commissioning arrangements will be an option available.

Service users who have needs for both their autism and LD will receive both community and inpatient provision from BCPFT.

Those who have autism and a mental health illness, will receive mental health support with reasonable adjustments being made and LD team support provided where appropriate. Additionally, a work stream has been developed across the mental health STP to review gaps and access to services for those with autism.

Each of the 4 areas will have their own Community Learning Disability Team (CLDT) with the intensive support and forensic support services delivered at scale across the Black Country.

CLDT workforce will include psychiatry, clinical psychology, LD specialist nurses, occupational therapists, physiotherapy and speech and language therapy along with dietetics.

Black Country Transforming Care
Assessment, treatment and forensic pathway

<u>Inpatient Service Model</u>
Unit of 10 assessment and treatment beds commissioned across the Black Country
Cost (£3.5m cost reduction)

<u>Community Service Model</u>
Increase in community service provision (e.g. intensive support and forensic community services)
The funding released from inpatient beds (£3.5m) is to be reinvested in community services

Existing local services operating in Walsall will continue; including LD transition nurse, LD dementia nurse, liaison nurses and health facilitation are unaffected by this model.

Service specifications for each service and quality standards have been agreed with BCPFT. Referral routes are via self and professional referral. Access to services will be prioritised based and equality of access across the Black Country. Walsall referrals and waiting times will be monitored via contract performance arrangements.

Once the new community model is in place, all patients in inpatient care will a have a regular Care and Treatment Review (CTR). These reviews will assess whether someone's care is safe, effective, whether they need to be in hospital, and whether there is a plan in place for their future care.

Clinicians, commissioners and social workers will participate in these reviews. Treatment is personalised to address issues and if felt appropriate, planning for discharge will commence. Staff will use a 12 point discharge pathway with each individual to carefully plan a discharge and ensure all the right support is available in the community.

A small number of people in inpatient care will have Ministry of Justice (MOJ) restrictions. The risk assessment for these individuals will be particularly robust.

6. Engagement plan:

Consultation on the model will not take place but, a targeted approach of engagement is planned with patients, relatives and carers and wider public utilising Dudley Voices for Choice, who have been commissioned to develop materials and engagement activities.

This will be provider led and an 8 week exercise carried out in 2 phases:

> **Phase 1**: will consist of face to face meetings on an individual basis with patients and their relatives, with a focus on gathering patient experience/insight via questionnaire
>
> **Phase 2**: will consist of patient and public engagement events with a focus on gathering feedback on the proposed community model, via questionnaire. Including the proposed future inpatient consolidation.

A report will then be produced on all of the involvement activity and presented to the TCP Programme Board prior to the clinical model being implemented.

Safeguarding; organisations delivering TCP will comply with statutory duty under the Care Act 2014 to safeguard individuals, including reporting and participating, where relevant, with investigations and implementation of protection plans in line with Walsall CCG Multi-Agency Safeguarding policy and procedures. Adherence to West Midlands safeguarding procedures

6.1 Equality Impact Assessment Analysis:

An equality impact assessment has been carried out for implementing the new model of care. Across all protected characteristics there are no negative impacts identified. There is a positive impact in relation to disability, as the proposed changes will provide service improvements for community care, and rights based principles developed by people with learning disabilities and/or autism.

Increased investment in community services: Assessment and treatment inpatient bed closures and reductions are in line with the national recommendations, so that reinvestment can be made into community provision. This is a positive impact where investment in more appropriate, high quality services can prevent inappropriate hospital admissions and reduce reliance on unnecessary inpatient stays. The shift in the clinical model to community assessment and treatment will provide the right care, at the right time in the right place.

7. Finance:

For the purpose of providing context, an activity summary is provided below.

- On 31st March 2017, 101 in-patients were attributed to the Black Country TCP. This cohort of patients consisted of both CCG and NHSE specialised commissioning patients.

- On 31st March 2018, the number of patients had reduced to 85. Again, both CCG and NHSE specialised commissioning patients.
- The reduction of 16 patients (from 101 to 85) represents a net movement in patients. However, this net reduction masks increases in respect of patients stepping-up from community based settings and the transfer of additional specialised commissioned patients from other areas of the country.
- The TCP's target to be achieved by 31st March 2019 is 43 patients (16 CCG patients, 27 specialised commissioning patients).

As part of the governance structure for the TCP, a Finance and Activity sub group was established in early 2017, bringing together finance representatives from each locality CCG and Local Authority, together with NHS England staff. The group has been responsible for assessing the financial impact of the changes in service model and flow of clients between responsible commissioners throughout the programme, providing regular updates to NHS England and the TCP Board, and identifying key risks to their respective organisations.

Across the TCP, the 4 CCGs, 4 Local Authorities and NHS England Specialised Commissioning, a total of £21.7 million was spent in 2016-17 (baseline year) for this patient cohort, and this is forecast to increase to £26.1 million by 2019-20, representing an increase of £4.4 million.

In the Walsall locality, expenditure in 2016-17 was approx. £4 million, which is forecast to increase to £5 million by 2019-20, an increase of £1 million, of which the CCG will need to commit additional recurring resource of £0.5 million, and the Local Authority £0.5 million – this additional cost represents the costs of care packages for those clients who were previously in CCG beds who then transition to a community care package – as this is a normal pathway, these costs can be classified as 'business as usual (BAU)'.

A fundamental principle of the TCP programme was the transfer of funding from NHS England Specialised Commissioning to CCG/Local Authority on the discharge of patients back to locality – this is known as a Funding Transfer Agreement (FTA) and applied only to those patients in a Specialised Commissioning inpatient facility as at 31 March 2016. Originally, FTA arrangements allowed for funding to follow the patient on discharge, and no adjustment was made in respect of new patients who were admitted to these specialist services. However, NHS England issued revised guidance in May 2018 whereby FTA funding will be based on a net reduction of patient numbers i.e. income will be reduced for any new admissions – this change has raised a number of issues that create financial uncertainty, and the Finance and Activity sub group and CCG Chief Financial Officers have been considering a number of options to manage/mitigate these issues for both CCGs and Local Authority. Once further clarification/agreement has been reached, each organisation will report to its respective Board/committee.

In July 2017, Black Country TCP was allocated a total of £1.3 million on a non-recurring basis to support the costs of service transition, of which £559K was received in 2017-18, and the balance of £750K in 2018-19. In 2017-18, a total of £369K was paid to BCPFT to support service transformation, and £190K was committed to fund social workers/CCG case workers. In the current financial year, £360K will be used to continue the additional social/case workers, and £149K to complete the BCPFT service transformation programme, and the balance of funding to support a small number of projects to implement the programme.

Background papers

TCP service specifications, TCP engagement plan, TCP board papers and TCP Scrutiny Committee paper June 2018..

Author

Sarah Shingler – Chief Nursing Officer/ Director of Quality
☎ 01922 619964
✉ sarah.shingler2@nhs.net