

TELFORD & WREKIN COUNCIL HEALTH & WELLBEING BOARD**DATE: 6 DECEMBER 2017****REPORT: TRANSFORMING CARE PARTNERSHIP (TCP) Update
(For people with a learning disability and/or autism with a learning disability and/or autism, with behaviours which may challenge).****REPORT OF: ASSISTANT DIRECTOR, GOVERNANCE, PROCUREMENT &
COMMISSIONING****LEAD CABINET MEMBER – CLLR P R WATLING****PART A) – SUMMARY REPORT****1. SUMMARY OF MAIN PROPOSALS*****Background – national context***

- 1.1. In 2011, a Panorama programme highlighted the abuse and neglect of people with learning disabilities and/or autism with behaviours that challenge, who were living at an NHS funded service in Bristol - 'Winterbourne View'.
- 1.2. Following these events, the Government and leading organisations across the health and care system made a commitment to transform care for people with learning disabilities and/or autism. Over the next four years, many patients moved out of long stay hospitals and into the local community. However, as beds became vacant, other patients moved into the beds.
- 1.3. In 2015, The NHSE published a report called 'Building the Right Support' (BRS) (NHS, October 2015) proposing closure of between 35 – 50% of beds used to support this cohort of people. Base on statistical data, targets were set to support the overall reduction of commissioned beds based on a per million head of population. The deadline for completion of the reduction is April 2019.
- 1.4. To achieve the level of change, NHSE created 48 Transforming Care Partnerships (TCPs) across England consisting of CCGs, local authorities and NHS England specialised commissioning. The main area of focus for the TCP Boards were reduction in bed usage.

Local context

- 1.5. Locally, the Shropshire TCP Footprint consists of:
 - Shropshire Council
 - Shropshire CCG

- Telford & Wrekin Council
- Telford & Wrekin CCG

1.6. The trajectories for bed reductions across the footprint are:

- Specialist Commissioned Beds to reduce to 9 by April 2019
- CCG commissioned beds to reduce to 5 by 2019.

In reality, to create spaces for required and appropriate admissions, numbers need to fall below the trajectories.

1.7. This report informs the Health and Well-being Board on progress in meeting the targeted level of bed reduction by April 2019.

2. RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

2.1. Note the contents of this report,

2.2. Require notification of completion of the targeted bed reduction by March 2019, and

2.3. Confirm closure of the programme, post March 2019.

3. IMPACT OF ACTION

The TCP Board will continue to work with key partners and stakeholders to manage the process of planned resettlement between January 2018 and March 2019

4. SUMMARY IMPACT ASSESSMENT

| | | |
|-------------------------|---|--|
| COMMUNITY IMPACT | Do these proposals contribute to a specific HWB Priority | |
| | Yes | If yes please state relevant priority Young people and adults with a learning disability and/or autism including mental health, and their carers. |
| | Do these proposals contribute to specific Co-Operative Council priority objective(s)? | |
| | Yes | Put our children and young people first: This means we will work collaboratively with schools, special schools and colleges of FE. Improve local people's prospects through education and skills training: Building the Right Support states that councils should support individuals who are able and wish to enter into work. |

| | | |
|--|-------------------|---|
| | | <p>Protect and support our vulnerable children and adults: Social Care and the Third sector including community support initiatives.</p> <p>Ensure that neighbourhoods are <u>safe</u>, clean and well maintained: Some people with behaviours which challenge, including those with a forensic history require additional steps to ensure their safety, the safety of family members and other members of the community.</p> <p>Regenerate those neighbourhoods in need and work to ensure that local people have access to <u>sustainable housing</u>: named individuals will require accommodation which is bespoke to their individual needs.</p> <p>Improve the health and wellbeing of our communities and address health inequalities: work will continue to take place via the Integrated Clinical Care work stream to widening engagement and training to all NHS services.</p> |
| | | <p>Will the proposals impact on specific groups of people?</p> |
| | <p>Yes</p> | <p>Yes, those described in the TCP cohort – people with learning disabilities and/or autism with behaviour that may be challenging.</p> |
| <p>TARGET COMPLETION/ DELIVERY DATE</p> | | <p>Programme Delivery formally commenced in July 2016 and ends on 31st March 2019 for resettlement. Work to prevent unwarranted admissions will extend beyond that date.</p> |
| <p>FINANCIAL/VALUE FOR MONEY IMPACT</p> | <p>Yes</p> | <p>There are the potential for significant financial impacts to arise from the implementation of this programme to the partner organisations. This financial comment has been written by Telford & Wrekin Council, and considers the Local Authority implications of the bid focussing on pressures identified. This will not therefore identify all implications arising which may impact other partner organisations. The proposal in the submission currently considers the reduction of inpatient in beds commissioned by both NHSE Specialist Commissioning and CCG Commissioned beds. Since 2016, the numbers have already reduced. The current status is there are 17 patients in beds commissioned by NHSE Specialist Commissioning, by April 2019, this number must reduce to 9. There are 7 patients in beds commissioned by the two CCGs and by April 2019, this number must reduce to 5.</p> <p>The transfer of costs from current inpatient provision to Community based care should come with funding from NHS England which should result in no additional ongoing net costs to Telford & Wrekin Council or Shropshire Council. Recently updated plans have been</p> |

| | | |
|---------------------|---------------|---|
| | | <p>submitted and these have been constructed on the basis that full funding will follow the clients to cover the cost of the ongoing care. NHS England have said that funds will follow when clients are transferred but have indicated this may not be the full funds currently expended on those clients. Therefore, as funding has yet to be agreed with NHS England, this is clearly a risk which would fall in whole or part to the “Footprint”. This risk may be spread across the “Footprint” by means of a Pooled budget arrangement and locally such operating arrangements are being implemented with two Pooled budget arrangements, one for Shropshire organisations and one for the Telford & Wrekin being prepared. These will enable the footprint organisations to manage the flow of funds and to bring a framework for Governance to the funding for care going forward, and for the sharing and mitigation of risk.</p> <p>The template also identifies the additional costs of Commissioning and Community led specialist services for which a funding bid has been submitted but has yet to be confirmed. The partner organisations have contributed to a shared fund of £124k to pay for management and administration of the programme.</p> <p>Part of the scheme submission is the identification of costs of development of facilities for community accommodation for short term and longer term admission. A bid to NHSE for a grant of £985k has been made, to build six units of accommodation. This bid is expected to receive final approval in the near future.</p> <p>To conclude, financial risks to the Footprint organisations do arise from this programme, those stated above and those which will arise beyond the programme end when funding is no longer available. It will only be clear what risks remain once the current negotiations and clarifications currently ongoing with NHS England have been concluded, and then the financial impact of the residual risks can be evaluated with more certainty and reported to the Board.</p> |
| LEGAL ISSUES | Yes/No | <p>“Building the right support - 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” was published on 30 October 2015 and</p> |

| | | |
|---------------------------------|------------|--|
| | | <p>required local authorities and NHS bodies to deliver against Transforming Care Partnership implementation plans from 1 April 2016</p> <p>Local authorities and NHS Bodies are expected to align or pool their budgets, as appropriate and recognising the continued responsibility of Clinical Commissioning Groups for NHS Continuing Healthcare.</p> <p>Any pooled funding arrangements need to comply with the requirements of Sections 75 National Health Service Act 2006 and the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (as amended).</p> <p>In addition to clarity as to financial arrangements between local authorities and NHS Bodies, there will need to be clarity as to the governance and reporting arrangements arising from this whole service approach taking into account each agency's relevant statutory duties for adults and children and young people with a learning disability and /or autism who display behaviour that challenges [including behaviour that can lead to contact with the criminal justice system] under the following legislation [as amended /updated from time to time] and associated Regulations and Statutory Guidance published there under:</p> <ul style="list-style-type: none"> • Local Authority Social Services Act 1970 Schedule 1[list of all local authority social services functions] • Mental Health Act 1983 • Children Act 1989 • Education Act 1996 • Crime and Disorder Act 1998 • Housing Act 2004 • Mental Capacity Act 2005 • National Health Service Act 2006 • Autism Act 2009 • Equality Act 2010 • Health and Social Care Act 2012 • Children and Families Act 2014 • Care Act 2014 <p style="text-align: right;"><i>KF 23.11.2017</i></p> |
| EQUALITY & DIVERSITY | Yes | <p>The impact will be positive. People with learning disabilities and/or autism who have behaviours that challenge including mental health will</p> |

| | | |
|---|------------|---|
| | | be supported to live ordinary lives in the local community, be valued and respected. |
| IMPACT ON SPECIFIC WARDS | No | This Programme has a borough wide impact in Telford and Wrekin and across Shropshire. |
| PATIENTS & PUBLIC ENGAGEMENT | Yes | TCP is based on a principle of co-production and this is in place with targeted discussions. |
| OTHER IMPACTS, RISKS & OPPORTUNITIES | Yes | Some of the patients due to resettle have a forensic history and plans must ensure that risk is mitigated, both for the individual and the community setting that the person moves to, after leaving hospital.. |

PART B) – ADDITIONAL INFORMATION

1. Commissioning beds

- 1.1. People are placed in long stay hospitals through two commissioning routes.
- NHSE has a commissioning arm known as Specialist Commissioning (Spec Comm). People who are placed in spec. comm. beds sometimes come through a forensic route.
 - The two CCGs place people in beds.
- 1.2. The table below shows the trajectory for Q3 (2017-18) and current status.

Trajectories 2017

| | Q1 | Q2 | Q3 | Q4 |
|--------------------------------|-----------|-----------|-----------|-----------|
| Spec Comm commissioned beds | 18 | 17 | 17 | 17 |
| CCG commissioned beds | 7 | 7 | 7 | 7 |
| total | 24 | 24 | 24 | 24 |
| Current status (November 2017) | | | | |
| Spec Comm | 20* | 19* | 18 | |
| CCG | 6* | 6* | 7 | |
| Total | | | 25 | |

* = average over 3 month period

2. Accountability

- 2.1. Overall, the TCP Programme is accountable to the Strategic Partnership Board.
- 2.2. Locally, further accountability is provided via respective Health and Well-being Boards, Safeguarding Boards and within Shropshire the Learning Disability Partnership Board.

3. Governance

- 3.1. Governance is provided through a Strategic Management Group with senior officers from the four partner organisations including Jonathan Eatough, AD for Governance, Procurement and Commissioning, in Telford & Wrekin Council. The Group meet on a quarterly basis.
- 3.2. The TCP Board meets on a monthly basis. It includes the senior officers from each organisation and colleagues from other areas, including housing, health, finance and commissioning.
- 3.3. Several work streams meet on a regular basis and include: Finance, Integrated clinical Health, housing, Workforce Development, Children and Young People and Communication and Engagement (linked to 'Making it Real').

4. Operational management

- 4.1. The four partner organisations have all contributed to the cost of a small team, tasked with implementation of the programme until April 2019. The team is made up of 3 staff, who are located at the CCG office in Halesfield and work across the four organisations. The team includes:
 - Head of TCP – F/T,
 - Case Manager – F/T, and
 - Administrator – P/T.

5. Reporting to NHS England (NHSE)

- 5.1. Detailed processes of reporting are in place to inform NHSE of progress. Currently, the status of Shropshire TCP is 'Green' and working relationships remain positive, overall.

6. Challenges

- 6.1. **Finance** - Discussions remain ongoing about the financial risk of implementing the TCP Programme. A Risk Register is in place and is reviewed by the Finance work-stream on a monthly basis.
- 6.2. **Trajectories** - Resettlement of patients from the in-patient beds within the timeline requires detailed planning and preparation. This work is closely monitored by the Head of TCP and the Case Manager is increasingly familiar with each individual case. The administrator has established detailed processes to monitor and record changes in month, and fortnightly conference phone calls take place with NHSE. We expect to meet the set trajectories within the defined timescale.
- 6.3. **Housing** - Provision of accommodation is critical to support resettlement. Detailed planning is taking place to ensure a match between each named individual and the accommodation required. A submission for a grant to NHSE for £995,000 is expected to receive final approval in the near future.

6.4. **Workforce** - Work is in hand to confirm the requirement for additional workforce to support resettlement and to support recruitment and training based on a Positive Behaviour Support model of care.

7. Post 2019

7.1. Further work to support longer term prevention of the need for admission into in-patient beds will be progressed under the guidance of the Strategic Transformation Partnership.

7.2. Work is in hand to establish a clear programme of work to support that longer term piece of work.

8. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

An Initial Impact Assessment (IIA) has been completed and a more detailed Equality Impact Assessment is not required.

9. PREVIOUS MINUTES

June 2016 H&WBB Board, agenda item C4.

10. BACKGROUND PAPERS

“Supporting people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition – Service model for commissioners of health and social care services”

<https://www.england.nhs.uk/wp-content/uploads/2015/10/service-model-291015.pdf>

“Building the right support – 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”

<https://www.england.nhs.uk/wp-content/uploads/2015/10/ld-nat-imp-plan-oct15.pdf>

Report prepared by:

**Jonathan Eatough,
Assistant Director, Governance, Procurement and Commissioning
01952 381500
Jonathan.eatough@telford.gov.uk**